

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** State University of New York College at Brockport

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** SUNY Brockport

**Address of Service Provider:** 350 New Campus Drive, Brockport, NY 14420

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Frank M. Wojcik

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
Drake Memorial Library, SUNY College at Brockport, 350 New Campus Drive  
Brockport, NY 14420

**Telephone Number of Designated Agent:** 585 395-2141

**Facsimile Number of Designated Agent:** 585 395-5651

**Email Address of Designated Agent:** fwojcik@brockport.edu

**Signature** \_\_\_\_\_ **Representative of the Designating Service Provider:**

**Date:** 10/9/02

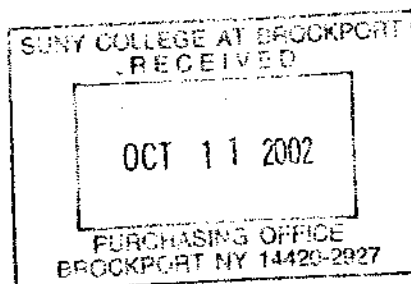
**Typed or Printed Name and Title:** Frank M. Wojcik, Director of Library Services

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

OCT 23 2002

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