

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

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

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

**Address of Service Provider:** P.O. Box 2000, Cortland, New York 13045

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Gail Wood

**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):  
Memorial Library, SUNY Cortland, P.O. Box 2000, Cortland, NY 13045

**Telephone Number of Designated Agent:** 607-753-2221

**Facsimile Number of Designated Agent:** 607-753-5669

**Email Address of Designated Agent:** woodg@cortland.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
Date: 3/31/99

**Typed or Printed Name and Title:** Gail Wood, Director of Libraries

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

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**RECEIVED**

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