

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

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

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

**Address of Service Provider:** 223 Store Hill Road Old Westbury, N.Y. 11568

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** William Kimmins

**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):**

P.O. Box 210, 223 Store Hill Road, Old Westbury, N.Y. 11568

**Telephone Number of Designated Agent:** 516-876-3179

**Facsimile Number of Designated Agent:** 516-876-3209

**Email Address of Designated Agent:** KimminsW@Oldwestbury.Edu

**Signature of Officer or Representative of the Designating Service Provider:**

*William Kimmins* **Date:** June 21, 1999

**Typed or Printed Name and Title:** William Kimmins  
Director of Human Resources

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

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**RECEIVED**

**JUL 29 1999  
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