

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

**Full Legal Name of Service Provider:** Winston-Salem State University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Winston-Salem State University, WSSU

**Address of Service Provider:** 601 Martin Luther King Jr. Drive, Winston-Salem, NC 27110

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Beverly R. Mitchell

**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):  
Winston-Salem State University, 601 Martin Luther King Jr. Drive, CB# 19544  
Winston-Salem, NC 27110

**Telephone Number of Designated Agent:** (336) 750-2105

**Facsimile Number of Designated Agent:** (336) 750-2107

**Email Address of Designated Agent:** mitchellbr@wssu.edu

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** July 21, 2003

**Typed or Printed Name and Title:** \_\_\_\_\_  
Joyce Williams-Green, CIO, Associate Provost Information Resources

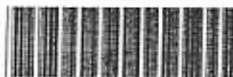
**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

RECEIVED

AUG 01 2003

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