

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

Full Legal Name of Service Provider: WorkPlus.com inc.

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

Address of Service Provider: 111 Founders Plaza, Suite 1802, East Hartford, CT 06108

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Michael Litwinka

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):

111 Founders Plaza, Suite 1802
East Hartford, CT 06108

Telephone Number of Designated Agent: 860-290-6500 x222

Facsimile Number of Designated Agent: 860-290-6688

Email Address of Designated Agent: michael.litwinka@workplus.com

Signature of Officer or Representative of the Designating Service Provider:

[Signature] Date: 2/5/99

Typed or Printed Name and Title: RICHARD SHAW, PRESIDENT

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

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