

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

Full Legal Name of Service Provider: OSI Pharmaceuticals, Inc.

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

Address of Service Provider: 58 South Service Road, Melville, NY 11747

Name of Agent Designated to Receive Notification of Claimed Infringement: Barbara 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): 58 South Service Road, Melville, NY 11747

Telephone Number of Designated Agent: 631-962-2000

Facsimile Number of Designated Agent: 631-293-2218

Email Address of Designated Agent: bwood@osip.com

Signature of Officer, or Representative of the Designating Service Provider: _____
Date: 1/13/04

Typed or Printed Name and Title: Vice President and General Counsel
B.A. Wood*

*Added by CO

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

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JAN 13 2004

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