

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

Full Legal Name of Service Provider: GOJO Industries, Inc.

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

Address of Service Provider: One GOJO Plaza, Akron, OH 44311

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Legal Counsel

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):

One GOJO Plaza, Suite 500 Akron, OH 44311

Mailing address: P. O. Box 991, Akron, OH 44309-0991

Telephone Number of Designated Agent: 330-255-6000

Facsimile Number of Designated Agent: 330-255-6120

Email Address of Designated Agent: dipaolap@GOJO.com

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

Date: 3.2.01

Typed or Printed Name and Title: Mark S. Lerner, Chief Operating Officer

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

RECEIVED

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