

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

**Full Legal Name of Service Provider:**

William T. Grant Foundation

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

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**Address of Service Provider:**

570 Lexington Avenue, 18<sup>th</sup> Floor, New York, New York 10022-6837

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

Lawrence J. Gianinno, Ph.D.

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**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):**

570 Lexington Avenue, 18<sup>th</sup> Floor, New York, New York 10022-6837

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**Telephone Number of Designated Agent:**

(212) 752-0071

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**Facsimile Number of Designated Agent:**

(212) 752-1398

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**Email Address of Designated Agent:**

lgianinno@wtgrantfdn.org

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

Date: \_\_\_\_\_

*December 7, 2001*

**Typed or Printed Name and Title:**

Lawrence J. Gianinno, Ph.D., Vice President, Strategic Communications

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