

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

**Full Legal Name of Service Provider:** State University of New York  
System Administration ALIS

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Advanced Learning and Information Services  
SUNY Learning Network  
SUNYConnect

**Address of Service Provider:** SUNY System Administration, SUNY Plaza, Albany, NY 12246

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

**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):**  
SUNY System Administration, SUNY Plaza, S-301  
Albany, NY 12246

**Telephone Number of Designated Agent:** 518-443-5557

**Facsimile Number of Designated Agent:** 518-443-5358

**Email Address of Designated Agent:** HATCHCB@SYSADM.SUNY.EDU

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 12/12/02

**Typed or Printed Name and Title:** Dr. Richard Steiner  
Senior Associate Provost

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

**RECEIVED**

JAN 06 2003

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