

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

Full Legal Name of Service Provider: THE ARRAS GROUP

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

Address of Service Provider: 50 PUBLIC SQUARE, SUITE 444
CLEVELAND, OHIO 44113

Name of Agent Designated to Receive Notification of Claimed Infringement: STEPHEN J. VERES

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):
50 PUBLIC SQUARE, SUITE 444
CLEVELAND, OHIO 44113

Telephone Number of Designated Agent: 216 621 1601

Facsimile Number of Designated Agent: 216 377 1919

Email Address of Designated Agent: SVERES@ARRASGROUP.COM

Signature _____
Date: 8/28/2001

Typed or Printed Name and Title: STEPHEN J. VERES
VICE PRESIDENT, FINANCE

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



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