

Amended

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: State University of New York State
College of Optometry

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** SUNY College of Optometry, College of Optometry,
University Optometric Center

Address of Service Provider: 33 West 42nd Street, New York, NY 10036

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Ms. Elaine Wells

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):
as above

Telephone Number of Designated Agent: 212-780-5089

Facsimile Number of Designated Agent: 212-780-5094

Email Address of Designated Agent: ewells@sunyopt.edu

Signature of Representative of the Designating Service Provider:

Date: 6/25/01

Typed or Printed Name and Title: David A. Bowers
Vice President for Finance & Administration

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

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