

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

Full Legal Name of Service Provider: Canisius College

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

Address of Service Provider: 2001 Main Street, Buffalo, NY 14208

Name of Agent Designated to Receive
Notification of Claimed Infringement: Matthew D. Gracie

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):

2001 Main Street
Buffalo, NY 14208

Telephone Number of Designated Agent: 716-888-8378

Facsimile Number of Designated Agent: 716-888-3223

Email Address of Designated Agent: graciem@canisius.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Dr. Joel A. Cohen - Canisius College - June 10, 1999

Signature of Officer or Representative of the Designating Service Provider: _____
Date: July 15, 2008

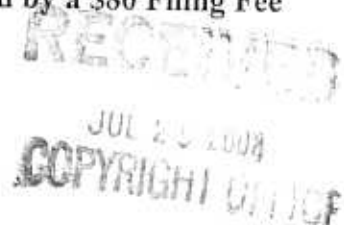
Typed or Printed Name and Title: Matthew D. Gracie
Computer Security Administrator

~~08/29~~ 08 / 29 - 2008

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



Full Legal Name of Service Provider

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

Address of Service Provider:

Name of Agent Designated to Receive Notification of Claimed Infringement:

Full Address of Designated Agent (or similar designation is not acceptable except where it is the only address that can be used):

2001 Main Street
Buffalo, NY 14208

Telephone Number of Designated Agent:

716-888-XXXX

Facsimile Number of Designated Agent:

716-888-XXXX

Signature of Officer or Representative of the Designated Agent:

Printed Name and Title:

Dr. Joel A. Cohen
Director of Information Technology Services

Date: June 10, 1999

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

RECEIVED

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

RECEIVED

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