Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: <u>CLARKSON UNIVERSITY</u>
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: & CLARKSON AVE, PCTSDAM, NY 13699
Name of Agent Designated to Receive Notification of Claimed Infringement: Keyn P. Lynch
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): 30x 5585, 8 CLARKSONI AVE, FAUCATIONAL RESONAGE CENTER,
CLATRISON UNIVERSITY BUSDAM, NY 13699-5585
Telephone Number of Designated Agent: 315-268-6718
Facsimile Number of Designated Agent: 315-268-6570
Email Address of Designated Agent: KLYNCH & CLHRKSON. 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:
Signature of Officer or Representative of the Designating Service Provider: Date: 16 0ct 2002
Typed or Printed Name and Title: KEVIN P. LYNCH, DIRECTOR OF NETWORK SERVICES

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



RECEIVED

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