

Interim Designation of Agent to Receive Notifications of Claimed Infringement

(1) **Service Provider's Full Legal Name and Address**

Icon CMT Corp.
Corporate Headquarters
1200 Harbor Boulevard
Weehawken, New Jersey 07087

(2) **All names under which the service provider is doing business**

Icon CMT Corp.

(3) **Name of the agent designated to receive notification of claimed infringement**

David L. Goret

(4) **The full address of the agent designated to receive notification of claimed infringement**

Icon CMT Corp.
Corporate Headquarters
1200 Harbor Boulevard
Weehawken, New Jersey 07087

(5) **The telephone number, facsimile number, and electronic mail address of the agent designated to receive notification of claimed infringement.**

Tel: (201) 601-2000
Fax: (201) 601-2018
email: dgoret@icon.com

(6) **The dated signature of the appropriate officer or representative of the service provider designating the agent, accompanied by the typewritten name and title of the person signing the Notice.**

November 9, 1998

By: _____

David L. Goret
General Counsel and
Vice President - Business Affairs

RECEIVED

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