

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

Full Legal Name of Service Provider: Amdocs Limited

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

**Address of Service Provider: Suit 5 Tower Hill House, St. Peter Port, Guernsey,
Channel Islands GY1 3QT**

**Name of Agent Designated to Receive
Notification of Claimed Infringement: T. William Alvey, III**

**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):**

**Amdocs Inc., Timberlake Corporate Center, 1390 Timberlake Manor Parkway, Chesterfield,
MO 63017-6041, USA**

Telephone Number of Designated Agent: +1-314.212.8322

Facsimile Number of Designated Agent: +1-314.212.8358

Email Address of Designated Agent: bill.alvey@amdocs.com

Signature of Officer or Representative of the Designating Service Provider:

Date: November 15, 2001

Thomas G. O'Brien

**Typed or Printed Name and Title of the Officer or Representative of the Designating
Service Provider: Treasurer and secretary**

**Typed or Printed Name and Title of the Designated Agent: Corporate Counsel, North
America**

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

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