

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

Full Legal Name of Service Provider: Georgia Southern University

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

Address of Service Provider: Highway 301 South, Statesboro, GA 30460

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeffrey C. McLellan

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):

Office of Legal Affairs, Georgia Southern University, Southern Drive,
Statesboro, GA 30460-8020

Telephone Number of Designated Agent: 912/486-7481

Facsimile Number of Designated Agent: 912/486-7488

Email Address of Designated Agent: jmcllellan@gsvms2.cc.gasou.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: Georgia, Southern University,

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/5/00

Typed or Printed Name and Title: Jeffrey C. McLellan
University Attorney

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

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