

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

Full Legal Name of Service Provider: Great Place to Work(r) Institute, Inc.

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

Address of Service Provider: 169 11th Street, San Francisco, Ca 94103

Name of Agent Designated to Receive Notification of Claimed Infringement: Omer Cohen

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):
169 11th Street, San Francisco, Ca 94103

Telephone Number of Designated Agent: 415-503-1234 extension 312

Facsimile Number of Designated Agent: 415-503-0014

Email Address of Designated Agent: ocohen@greatplacetowork.com

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: Carmen Jones

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 8/12/05

Typed or Printed Name and Title: OMER COHEN / COO

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

SCANNED 9/30/05

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