

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

Full Legal Name of Service Provider: Immunomedics, Inc.

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

Address of Service Provider: 300 American Road, Morris Plains, NJ 07950

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Gerard G Gorman

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):  
300 American Road, Morris Plains, NJ 07950

Telephone Number of Designated Agent: 973-605-8200

Facsimile Number of Designated Agent: 973-605-8282

Email Address of Designated Agent: info @immunomedics.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 10/3/2002

Typed or Printed Name and Title: Gerard G Gorman  
Vice President, Finance and Chief Financial Officer

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**RECEIVED**

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