

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

Full Legal Name of Service Provider: Ocean State Higher Education
Economic Development and Administrative Network Inc.

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

Address of Service Provider: 646 Camp Avenue, North Kingstown, RI 02852

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Celine Rice

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): c/o OSHEAN 646 Camp Avenue, North Kingstown, RI 02852

Telephone Number of Designated Agent: 401-295-0550

Facsimile Number of Designated Agent: 401-295-3232

Email Address of Designated Agent: celine.rice@OSHEAN.org

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** June 8, 2004

Typed or Printed Name and Title: George Loftus, Executive Director

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

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