

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

Full Legal Name of Service Provider: The Resolution Project, Inc.

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

Address of Service Provider: 64-15 Roosevelt Avenue, Woodside, NY 11377

Name of Agent Designated to Receive Notification of Claimed Infringement: General Counsel

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):

The Resolution Project, Inc.; 6415 Roosevelt Avenue, Woodside, NY 11377

Telephone Number of Designated Agent: 718-688-9312

Facsimile Number of Designated Agent: 484-723-5807

Email Address of Designated Agent: info@resolutionproject.org



Representative of the Designating Service Provider: _____
Date: 1/9/12

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

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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