

**Interim Designation of Agent to Receive Notification
of Claimed Infringement For
_____ Community College**

Full Legal Name of Service Provider: Springfield Technical Community College

Address of Service Provider: One Armory Square
Springfield, Massachusetts 01105

Name of Agent Designated to Receive Notification of Claimed Infringement: _____
Robert Baraldi

Full Address of Designated Agent to which Notification Should be Sent: _____
Springfield Technical Community College, One Armory Square, Springfield, MA 01105

Telephone Number of Designated Agent: 413/755-4020

Facsimile Number of Designated Agent: 413/781-0366

Email Address of Designated Agent: baraldi@stcc.mass.edu

Signature of Authorized Officer of the Designating Service Provider:

Name _____ **Date:** 2/25/99

Typed Name and Title: Dr. Andrew M. Scibelli, President

BY FILING THIS FORM, SPRINGFIELD TECHNICAL COMMUNITY COLLEGE, AS A PUBLIC INSTITUTION OF HIGHER EDUCATION OF THE COMMONWEALTH OF MASSACHUSETTS, DOES NOT INTEND TO WAIVE ANY STATE OR FEDERAL IMMUNITIES OR DEFENSES AVAILABLE TO IT.

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