

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

Full Legal Name of Service Provider: Towson University

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

Address of Service Provider: 8000 York Road, Towson, MD 21252-0001

Name of Agent Designated to Receive Notification of Claimed Infringement: David L. McDonald

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):
Rm. 424 A. S. Cook Library, Towson University Towson, MD 21252-0001

Telephone Number of Designated Agent: (410) 704-4488

Facsimile Number of Designated Agent: (410) 704-2435

Email Address of Designated Agent: dmcDonald@towson.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 3/9/01

Typed or Printed Name and Title: Dr. Deborah J. Leather, Associate Provost

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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