

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

**Full Legal Name of Service Provider:** Dallas County Community College District

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

**Address of Service Provider:** 1601 South Lamar Street, Dallas, TX 75215

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Robert Wendland

**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):  
1601 South Lamar Street, Dallas, TX 75215

**Telephone Number of Designated Agent:** (214) 378-1703

**Facsimile Number of Designated Agent:** (214) 378-1730

[Redacted] RWendland@dccd.edu

[Redacted] of the Designating Service Provider:  
Date: 3/20/2014

Identify the Interim Designation to be Amended, by Service Provider Name and Filing  
Date, so that it may be Readily Located in the Directory Maintained by the Copyright  
Office: Dallas County Community College District; 01/26/1999

Typed or Printed Name and Title: Robert Wendland  
General Counsel

Scanned

MAY 02 2014

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



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APR 28 2014  
Copyright Office