

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

Full Legal Name of Service Provider: SUNY - New Paltz

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

Address of Service Provider: 1 Hawk Drive New Paltz, NY 12561

Name of Agent Designated to Receive Notification of Claimed Infringement: Daniel Timperio

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):

SUNY - New Paltz
Computer Services - HAB 50
1 Hawk Drive
New Paltz, NY 12561

Telephone Number of Designated Agent: (845) 257- 3671

Facsimile Number of Designated Agent: (845) 257-6900

Email Address of Designated Agent: DMCA@newpaltz.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7/27/07

Typed or Printed Name and Title: Jonathan Lewit
Assistant Vice President IT / CIO

SCANNED

09 27 - 2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



RECEIVED

SEP 21 2007
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