

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

Full Legal Name of Service Provider: The Renaissance Society of America

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

Address of Service Provider: 365 Fifth Avenue, Room 5400 New York, NY 10016

Name of Agent Designated to Receive Notification of Claimed Infringement: Erika Suffern

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 Graduate Center, CUNY 365 Fifth Avenue, Room 5400 New York, NY 10016

Telephone Number of Designated Agent: 212.817.2130

Facsimile Number of Designated Agent: 212.817.1544

Email Address of Designated Agent: rsa@rsa.org

 **Signature of the Designating Service Provider:** _____
Date: October 7, 2014

Typed or Printed Name and Title: Ann E. Moyer, 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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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Copyright Office