

August 20, 2012

VIA FEDERAL EXPRESS

Mr. Pasquale P. Locane  
Department of Treasury  
State of New Jersey  
33 West State Street, 8<sup>th</sup> Floor  
P.O. Box 230  
Trenton, NJ 08625

N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information

RE: Multi-State Contract for Inmate Kiosks

Dear Mr. Locane:

We appreciate the opportunity to participate in this procurement with the State of New Jersey. Enclosed please find the following documentation:

1. Ownership Disclosure. – As discussed, all personal information will be redacted from public disclosure.
2. Chapter 51 Disclosure/Certification of Political Contributions.
3. Tax Set-Off Notice.
4. Affirmative Action Form.
5. MacBride Principles Form.
6. Source Disclosure Certification Form.
7. Cooperative Purchasing Form.
8. State of New Jersey Business Registration Certificate.

If any information is missing, please let me know. We look forward to working with the State of New Jersey.

Sincerely,



Errol Feldman  
General Counsel

## **PARTICIPATING ADDENDUM**

**Administered by the State of Nevada (hereinafter "Lead State")**

**MASTER SERVICE AGREEMENT**

Nevada Master Service Agreement Number 1901

Issued on behalf of

Multi-State Corrections Procurement Alliance (MCPA)

National Association of State Procurement Officials (NASPO)

**JPay Inc.**

**And**

**The State of New Jersey**

This Participating Addendum, together with its exhibits ("Participating Addendum"), is made as of the first (1<sup>st</sup>) day of September, 2012, by and between JPay Inc. ("JPay"), whose principal address is 12864 Biscayne Blvd., Suite 243 Miami, Florida 33181 and the State of New Jersey, Department of Treasury, Division of Purchase and Property ("Division") whose address is 33 West State Street, 8th Floor, P.O. Box 230, Trenton, New Jersey 08625, on behalf of the State of New Jersey and its Cooperative Purchasing participants as hereinafter defined, collectively referred to as the "State".

WHEREAS, pursuant to N.J.S.A. 52:34-6.2 the Director, Division of Purchase and Property ("Director") may "elect to purchase goods or services through a contract awarded pursuant to a nationally-recognized and accepted cooperative purchasing agreement that has been developed utilizing a competitive bidding process, in which other states participate ;" and

WHEREAS, the State of Nevada, the lead state for this procurement, on behalf of the National Association of State Procurement Officials (NASPO), a nationally recognized association engaged in cooperative purchasing, and Multi-State Corrections Procurement Alliance (MCPA), a cooperative purchasing entity for corrections agencies, permits States to participate in its contract, the Statewide Master Service Agreement for Services of Independent Contractor, No. 1901 for Inmate Kiosks, together with its exhibits (the "Master Service Agreement"); and

WHEREAS, JPay is a vendor awarded a Master Service Agreement by the State of Nevada, after a competitive bid process, under the State of Nevada RFP # 9101 on behalf of the State of Nevada, MCPA and NASPO for Inmate Kiosks sales and service; and

WHEREAS, the Master Services Agreement with JPay is comprised of certain documents, namely the Statewide Master Service Agreement for Services of Independent Contractor No. 1901 among JPay and NASPO and MCPA (acting by and through the State of Nevada), Attachment BB (Insurance Schedule), Attachment F (RFP Terms and Conditions for Goods), and JPay's proposal in response to RFP # 9101, which contract documents are collectively referred to herein as the "JPay Master Service Agreement;" and

WHEREAS, JPay has agreed to the State's Standard Terms and Conditions, a copy of which is attached hereto and which is incorporated herein by reference; and

WHEREAS, the Director has determined that procuring inmate kiosk sales and services under the Master Service Agreement is the most cost-effective method of procurement and it is in the best interest of the State to enter into a Participating Addendum with JPay to provide Inmate Kiosks sales and services to the State under the Master Service Agreement; and

WHEREAS, the parties seek to enter into this Participating Addendum to memorialize the terms of their contractual relationship;

**NOW THEREFORE**, for good and valuable consideration, the parties to this Participating Addendum hereby agree as follows:

1. **Term:** This Participating Addendum shall be effective as follows: This contract shall be effective from **September 1, 2012 subject to NASPO/MCPA Board of Directors' approval to July 31, 2015**, unless sooner terminated by either party. The State reserves the right, in its sole discretion, to extend this Participating Addendum pursuant to any extension of the JPay Master Service Agreement for Inmate Kiosks under the same terms and conditions as the JPay Master Service Agreement and this Participating Addendum.
2. **Scope:** All governmental entities within the State of New Jersey, including all state agencies and local public bodies, counties, cities, municipalities, public schools and institutions of higher education ("Cooperative Purchasing participants"), are authorized to purchase services and products under the terms and conditions of this Participating Addendum. The contract will be valid from the date executed by both parties, through the current term of July 31, 2015. JPay shall provide to the State and its Cooperative Purchasing participants the services and products set forth in the JPay Master Service Agreement at the pricing, terms and conditions therein set forth and the terms and conditions specifically set forth in this Participating Addendum.
3. **The State's Standard Terms and Conditions:** JPay has read and agreed to the State's Standard Terms and Conditions, which are incorporated herein by reference and are attached hereto. Any references to the Participating Addendum herein shall be deemed to include the State's Standard Terms and Conditions.
4. **Modifications to NASPO Inmate Kiosks Contract**
  - a. To the extent the documents comprising the JPay Master Service Agreement provide for negotiations or changes in pricing, those provisions are hereby deleted. All ceiling prices shall be firm F.O.B. destination for the duration of the contract, and shall include all costs.
  - b. To the extent the documents comprising the JPay Master Service Agreement include payment terms that are inconsistent with the Prompt Payment Act (N.J.S.A. 52:32-32 et seq.), those terms are hereby revised. All payments due from the State shall be made in accordance with the Prompt Payment Act.
  - c. To the extent that the documents comprising the JPay Master Service Agreement contain provisions requiring the State to keep certain records confidential, those provisions are modified to the extent required by law. JPay acknowledges that various laws, including by not limited to the Open Public Records Act (N.J.S.A. 47:1A-1 et seq.), require the State to make government records accessible to the public, subject to certain limited exceptions.
5. **Primary Agreement Contact:**

The primary participating entity contact for this Participating Addendum is as follows:

**Name:** Pasquale P. Locane  
**Title:** Supervising Procurement Specialist  
**Participating Entity Name:**  
New Jersey Division of Purchase and Property,  
Department of the Treasury  
**Address:** 33 W. State Street, P.O. Box 230, Trenton, NJ 08625-0230  
**Telephone:** (609) 633-6098  
**Fax:** (609) 292-1114  
**E-mail:** [pasquale.locane@treas.state.nj.us](mailto:pasquale.locane@treas.state.nj.us)

The primary Contractor contact for this Participating Addendum is as follows:

**Contractor:** JPay, Inc  
**Name:** Errol Feldman, General Counsel  
**Address:** 12864 Biscayne Blvd, Suite 243, Miami, FL 33181  
**Telephone:** 305-577-5543  
**Fax:** 305-893-8895  
**E-mail:** [efeldman@jpay.com](mailto:efeldman@jpay.com)

Danny Shapiro EVP Sales & Marketing

**5. Reports:**

Expenditure reports:

- Jpay will submit quarterly expenditure reports covering all purchases made under this Participating Addendum in a format mutually agreed to by the parties.

The reports should be submitted to the following address:

Pasquale P. Locane  
State of New Jersey Administrator  
Department of the Treasury  
Division of Purchase & Property  
33 West State Street, PO Box 230  
Trenton, NJ 08625-0230

[NJSupplierReports@treas.state.nj.us](mailto:NJSupplierReports@treas.state.nj.us)

6. **Contract Number:** All invoices issued for Inmate Kiosks and services under this Participating Addendum shall reference the State's contract number and the JPay Master Service Agreement number.

**7. Compensation and Ordering:**

- a. Pricing shall be as set forth in JPay's bid..
- b. The State shall make all payments to JPay Inc., under the provisions of the New Jersey Prompt Payment Act, N.J.S.A. 52:32-32 et. seq.
- c. All orders and payment will be issued directly to JPay Inc.
- d. Jpay shall submit invoices upon delivery of products and services, or on a monthly basis according to its practices.

**8. Miscellaneous:**

- a. Any claims against the State under this Participating Addendum are subject to the Tort Claims Act (N.J.S.A. 59:1-1 et. seq.) and the Contractual Liability Act (N.J.S.A. 59:13-1 et. seq.).
- b. All publicity and/or public announcements pertaining to this Participating Addendum shall be approved by the State prior to release.
- c. The following are New Jersey procurement requirements that JPay agrees to fulfill prior to the contract award:
  - i. New Jersey Business Registration (N.J.S.A. 52:32-44);
  - ii. Ownership Disclosure (N.J.S.A. 52:25-24.2);
  - iii. Executed Notice of Set-Off for State Tax (N.J.S.A. 54:49-19);
  - iv. Completed Contractor Certification and Disclosure of Political Contributions (N.J.S.A. 19:44A-20:13 et seq.);
  - v. Disclosure of Investigations and Actions Involving Bidder
  - vi. Vendor Certification (P.L. 2005, c.271);
  - vii. Proof of compliance with New Jersey Affirmative Action requirements (N.J.A.C. 17:27-1.1 et. seq.)
    1. New Jersey Form AA-302 Affirmative Action Employee Information Report; or New Jersey Affirmative Action Certificate; or Federal Affirmative Action Approval Letter.
  - viii. Source Disclosure Certification (N.J.S.A. 52:34-13.2).
- d. This Participating Addendum including, without limitation, the State's Standard Terms and Conditions, and the JPay Master Service Agreement, set forth the entire agreement between the

parties and supersede all previous communications, representations or agreements, whether oral or written, with respect to the subject matter hereof. Terms and conditions inconsistent with, contrary or in addition to the terms and conditions of this Participating Addendum and the JPay Master Service Agreement, shall not be added to or incorporated into this Participating Addendum or the JPay Master Service Agreement by any subsequent purchase order or otherwise, and any such attempts to add or incorporate such terms and conditions are hereby rejected. The terms and conditions of this Participating Addendum and the JPay Master Service Agreement shall prevail and govern in the case of any such inconsistent or additional terms. In the event of any conflict between the terms of this Participating Addendum and the JPayMaster Service Agreement, the terms of the Participating Addendum shall prevail.

- e. No term or provision of this Participating Addendum shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by an individual authorized to so waive or consent. Any consent by either party to, or waiver of, a breach by the other whether expressed or implied, shall not constitute a consent to, waiver of, or excuse for, any other breach or any subsequent breach, except as may be expressly provided in the waiver or consent.
- f. This Participating Addendum may not be amended or modified except by written agreement executed by authorized representatives of each party.
- g. The parties hereto agree that this Participating Addendum may be executed in counterpart, each original signed page to become part of the original document.
- h. The documents below shall govern the liability of JPay and the State for the services and products being provided by JPay in the following order of precedence:
  - i. New Jersey's Participating Addendum, including New Jersey's Standard Terms and Conditions, to the JPay Master Service Agreement,
  - ii. The JPay Master Service Agreement.

IN WITNESS WHEREOF, the parties have executed this Participating Addendum as of the date of execution by both parties below.

Government Entity:  
**State of New Jersey**  
Department of Treasury  
Division of Purchase and Property

Contractor:  
JPay Inc.

\_\_\_\_\_  
Name: Jignasa Desai-McCleary  
Title: Director  
Date:

  
\_\_\_\_\_  
Name: Errol Feldman  
Title: General Counsel  
Date: 12/27/2012

APPROVED AS TO FORM BY:

Jeffery S. Chiesa  
Attorney General, State of new Jersey

\_\_\_\_\_  
(DAG Name)  
Deputy Attorney General  
Date:

parties and supersede all previous communications, representations or agreements, whether oral or written, with respect to the subject matter hereof. Terms and conditions inconsistent with, contrary or in addition to the terms and conditions of this Participating Addendum and the JPay Master Service Agreement, shall not be added to or incorporated into this Participating Addendum or the JPay Master Service Agreement by any subsequent purchase order or otherwise, and any such attempts to add or incorporate such terms and conditions are hereby rejected. The terms and conditions of this Participating Addendum and the JPay Master Service Agreement shall prevail and govern in the case of any such inconsistent or additional terms. In the event of any conflict between the terms of this Participating Addendum and the JPayMaster Service Agreement, the terms of the Participating Addendum shall prevail.

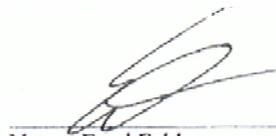
- e. No term or provision of this Participating Addendum shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by an individual authorized to so waive or consent. Any consent by either party to, or waiver of, a breach by the other whether expressed or implied, shall not constitute a consent to, waiver of, or excuse for, any other breach or any subsequent breach, except as may be expressly provided in the waiver or consent.
- f. This Participating Addendum may not be amended or modified except by written agreement executed by authorized representatives of each party.
- g. The parties hereto agree that this Participating Addendum may be executed in counterpart, each original signed page to become part of the original document.
- h. The documents below shall govern the liability of JPay and the State for the services and products being provided by JPay in the following order of precedence:
  - i. New Jersey's Participating Addendum, including New Jersey's Standard Terms and Conditions, to the JPay Master Service Agreement,
  - ii. The JPay Master Service Agreement.

IN WITNESS WHEREOF, the parties have executed this Participating Addendum as of the date of execution by both parties below.

Government Entity:  
State of New Jersey  
Department of Treasury  
Division of Purchase and Property

Contractor:  
JPay Inc.

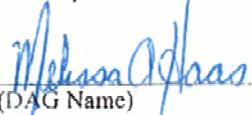
  
Name: Jignasa Desai-McCleary  
Title: Director  
Date:

  
Name: Errol Feldman  
Title: General Counsel  
Date: 12/27/2012

APPROVED AS TO FORM BY:

Jeffery S. Chiesa

Attorney General, State of new Jersey

  
(DAG Name)  
Deputy Attorney General  
Date: 2/12/13

AA

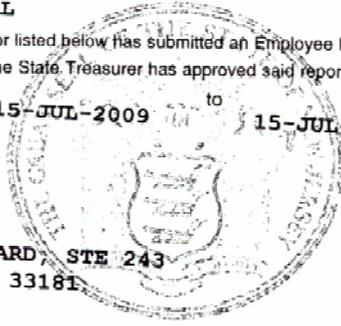
Certification

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT #3683**

**INITIAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of

15-JUL-2009 to 15-JUL-2016



**JPAY, INC.**  
**12864 BISCAYNE BOULEVARD STE 243**  
**MIAMI FL 33181**

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P. Sidamon-Eristoff  
State Treasurer



## State of New Jersey

**CHRIS CHRISTIE**  
*Governor*  
**KIM GUADAGNO**  
*Lt. Governor*

DEPARTMENT OF THE TREASURY  
DIVISION OF PURCHASE & PROPERTY  
CONTRACT COMPLIANCE AUDIT UNIT  
EEO MONITORING PROGRAM  
P.O. BOX 206  
TRENTON, NJ 08625-0206

**ANDREW P. SIDAMON-ERISTOFF**  
*State Treasurer*

### ISSUANCE OF CERTIFICATE OF EMPLOYEE INFORMATION REPORT

Enclosed is your Certificate of Employee information Report (hereinafter referred to as the "Certificate" and issued based on the Employee Information Report (AA-302) form completed by a representative of your company or firm. Immediately upon receipt, this certificate should be forwarded to the person in your company or firm responsible for ensuring equal employment opportunity and/or overseeing the company or firm's contracts with public agencies. Typically, this person may be your company or firm's Human Resources Manager, Equal Employment Opportunity Officer or Contract Administrator. If you do not know to whom the certificate should be forward, kindly forward it to the head of your company or firm. Copies of the certificate should also be distributed to all facilities of your company or firm who engage in bidding on public contracts in New Jersey and who use the same federal identification number and company name. The certificate should be retained in your records until the date it expires. This is very important since a request for a duplicate/replacement certificate will result in a \$75.00 fee.

On future successful bids on public contracts, your company or firm must present a photocopy of the certificate to the public agency awarding the contract after notification of the award but prior to execution of a goods and services or professional services contract. Failure to present the certificate within the time limits prescribed may result in the awarded contract being rescinded in accordance with N.J.A.C. 17:27-4.3b.

Please be advised that this certificate has been approved only for the time periods stated on the certificate. As early as ninety (90) days prior to its expiration, the Division will forward a renewal notification. Upon the Division's receipt of a properly completed renewal application and \$150.00 application fee, it will issue a renewal certificate. In addition, representatives from the Division may conduct periodic visits and/or request additional information to monitor and evaluate the continued equal employment opportunity compliance of your company or firm. Moreover, the Division may provide your company or firm with technical assistance, as required. Please be sure to notify the Division immediately if your company's federal identification number, name or address changes.

If you have any questions, please call (609) 292-5473 and a representative will be available to assist you.

Enclosure(s) (AA-01 Rev. 11/11)

N.J.S.A. 47:1A-1.1 Financial information

**STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY  
OWNERSHIP DISCLOSURE FORM**

Solicitation Number: 1901

Bidder/Offeror: JPay Inc.

**PART 1: PLEASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR "NO" BOX.**  
**ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO COMPLETE THIS FORM PURSUANT TO N.J.S.A. 52:25-24.2**  
**PLEASE NOTE: IF THE BIDDER/OFFEROR IS A NON-PROFIT, THIS FORM IS NOT REQUIRED. PLEASE COMPLETE THE SEPARATE DISCLOSURE OF INVESTIGATIONS FORM.**

YES      NO

1. Are there any individuals, corporations or partnerships owning a **10% or greater** interest in the bidder/offeror?           

**IF THE ANSWER TO QUESTION 1 IS NO, PLEASE SIGN AND DATE THE FORM. YOU DO NOT HAVE TO COMPLETE ANY MORE QUESTIONS ON THIS FORM. IF THE ANSWER TO QUESTION 1 IS YES, PLEASE ANSWER QUESTIONS 2-4 BELOW.**

2. Of those parties owning a 10% or greater interest in the bidder/offeror, are any of those parties **individuals**?           

3. Of those parties owning a 10% or greater interest in the bidder/offeror, are any of those parties **corporations or partnerships**?           

4. If your answer to Question 3 is "YES", are there any parties owning a **10% or greater** interest in the corporation or partnership referenced in Question 3?           

**IF ANY OF THE ANSWERS TO QUESTIONS 2-4 ARE YES, PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 2 BELOW.**

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO QUESTIONS 2-4 ANSWERED AS "YES".**

For Questions 2-4 answered "YES", you **must** disclose identifying information related to the individuals, partnerships and/or corporations owning a 10% or greater interest in the bidder/offeror. Further, if one or more of these entities is itself a corporation or partnership, you must also disclose all parties that own a 10% or greater interest in that corporation or partnership. This information is required by statute.

**TO COMPLETE PART 2, PLEASE PROVIDE THE REQUESTED INFORMATION PERTAINING TO EITHER INDIVIDUALS OR PARTNERSHIPS/CORPORATIONS HAVING A 10% OR GREATER INTEREST IN THE BIDDER/OFFEROR. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ENTRY" BUTTON IN THE APPROPRIATE ENTITY TYPE.**

Individuals	
Name:	Ryan Shapiro <span style="color: red; font-size: small;">N.J.S.A. 17:27, N.J.S.A. 1A-1.1 Personal identifying information</span>
Office Held:	Director & CEO <span style="color: red; font-size: small;">N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information</span>
Home Address:	<span style="background-color: black; color: black;">[REDACTED]</span> <span style="color: red; font-size: small;">N.J.S.A. 17:27, N.J.S.A. 1A-1.1 Personal identifying information</span>
City:	<span style="background-color: black; color: black;">[REDACTED]</span> <span style="color: red; font-size: small;">N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information</span>
State:	<span style="background-color: black; color: black;">[REDACTED]</span> <span style="color: red; font-size: small;">N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information</span>
Zip Code:	<span style="background-color: black; color: black;">[REDACTED]</span> <span style="color: red; font-size: small;">N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information</span>
Are there <b>additional</b> entities holding <b>10% or greater</b> ownership interest in the bidder/offeror and its parent corporation/partnership?	
<input checked="" type="checkbox"/> Yes      or <input type="checkbox"/> No	
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Delete Entry</div>	

**Name:** Daniel Shapiro N.J.S.A. 17:27A, N.J.S.A. 1A-1.1 Personal identifying information **Date of Birth:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

**Office Held:** Director & COO N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information **Ownership Interest:** [REDACTED] % N.J.S.A. 1A-1.1 Personal identifying information

**Home Address:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

**City:** [REDACTED] N.J.S.A. 1A-1, N.J.S.A. 1A-1.1 Personal identifying information **State:** [REDACTED] N.J.S.A. 17:27A, N.J.S.A. 1A-1.1 Personal identifying information **Zip Code:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

Are there **additional** entities holding **10% or greater** ownership interest in the bidder/offeree and its parent corporation/partnership?

Yes or  No

Delete Entry

**Name:** Errol Feldman N.J.S.A. 17:27A, N.J.S.A. 1A-1.1 Personal identifying information **Date of Birth:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

**Office Held:** Secretary & General Counsel N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information **Ownership Interest:** [REDACTED] % N.J.S.A. 1A-1.1 Personal identifying information

**Home Address:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

**City:** [REDACTED] N.J.S.A. 1A-1, N.J.S.A. 1A-1.1 Personal identifying information **State:** [REDACTED] N.J.S.A. 17:27A, N.J.S.A. 1A-1.1 Personal identifying information **Zip Code:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

Are there **additional** entities holding **10% or greater** ownership interest in the bidder/offeree and its parent corporation/partnership?

Yes or  No

Delete Entry

**Name:** Peter Georgiopoulos N.J.S.A. 17:27A, N.J.S.A. 1A-1.1 Personal identifying information **Date of Birth:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

**Office Held:** Non-Controlling Shareholder N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information **Ownership Interest:** [REDACTED] % N.J.S.A. 1A-1.1 Personal identifying information

**Home Address:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

**City:** [REDACTED] N.J.S.A. 1A-1, N.J.S.A. 1A-1.1 Personal identifying information **State:** [REDACTED] N.J.S.A. 17:27A, N.J.S.A. 1A-1.1 Personal identifying information **Zip Code:** [REDACTED] N.J.S.A. 1A-1.1 Personal identifying information

Are there **additional** entities holding **10% or greater** ownership interest in the bidder/offeree and its parent corporation/partnership?

Yes or  No

Delete Entry

Add An Additional Individuals Entry

**Partnerships/Corporations**

Entity Name: \_\_\_\_\_  
Partner Name: \_\_\_\_\_ Ownership Interest \_\_\_\_\_ %  
Business Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Delete Entry

Are there **additional** entities holding **10% or greater** ownership interest in the bidder/offeror and its parent corporation/partnership?

Yes or  No

Add An Additional Partnerships/Corporations Entry

**ONCE YOU HAVE IDENTIFIED ALL PARTIES HAVING A 10% OR GREATER OWNERSHIP INTEREST IN THE BIDDER/OFFEROR AND ITS PARENT CORPORATION/PARTNERSHIPS, PLEASE SIGN AND DATE BELOW AND PROCEED TO THE DISCLOSURE OF INVESTIGATIONS FORM.**

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Errol Feldman Signature:   
Title: Secretary & General Counsel Date: 12/27/2012

N.J.S.A. 47:1A-1.1 Personal identifying information

**ALL BIDDER/OFFERORS MUST COMPLETE THE DISCLOSURE OF INVESTIGATIONS FORM**

**STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY  
DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING BIDDER FORM**

Solicitation Number: 1901

Bidder/Offeror: JPay Inc.

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**PART 1: PLEASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR "NO" BOX.  
PLEASE REFER TO THE PERSONS AND/OR ENTITIES LISTED ON YOUR OWNERSHIP DISCLOSURE FORM WHEN ANSWERING THE  
QUESTIONS BELOW.**

**NON-PROFIT ENTITIES: PLEASE LIST ALL OFFICERS/DIRECTORS IN PART 2 OF THIS FORM. YOU WILL BE REQUIRED TO ANSWER THE  
QUESTIONS BELOW WITH RESPECT TO THESE INDIVIDUALS.**

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Has any person or entity listed on this form or its attachments ever been arrested, charged, indicted, or convicted in a criminal or disorderly persons matter by the State of New Jersey (or political subdivision thereof), any other state or the U.S. Government?                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has any person or entity listed on this form or its attachments ever been suspended, debarred or otherwise declared ineligible by any government agency from bidding or contracting to provide services, labor, materials or supplies?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are there currently any pending criminal matters or debarment proceedings in which the firm and/or its officers and/or managers are involved?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Has any person or entity listed on this form or its attachments been denied any license, permit or similar authorization required to engage in the work applied for herein, or has any such license, permit or similar authorization been revoked by any agency of federal, state or local government? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**IF ANY OF THE ANSWERS TO QUESTIONS 1-4 ARE YES, PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 2 BELOW.  
IF ALL OF THE ANSWERS TO QUESTIONS 1-4 ARE NO, PLEASE READ AND SIGN THE FORM BELOW. NO FURTHER ACTION IS NEEDED.  
IF YOU ARE A NON-PROFIT, YOU MUST DISCLOSE ALL OFFICERS/DIRECTORS IN PART 2 BELOW.**

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**PART 2: PROVIDING ADDITIONAL INFORMATION**

For Questions 1-4 answered "YES", you **must** provide a detailed description of any investigation or litigation, including but not limited to administrative complaints or other administrative proceedings, involving public sector clients during the past 5 years. This description must include the nature and status of the investigation, and for any litigation, the caption of the action, a brief description of the action, the date of inception, current status, and if applicable, disposition. Please provide this information in the box labeled "Additional Information" below. The box will prompt you to provide the information referenced above. Please provide thorough answers to each question. Click on the "Add Additional Information" button below the box if you need to make additional entries.

Non-profit bidder/offerors must disclose the individuals serving as officers or directors for purposes of this form. Please indicate all individuals acting in either capacity by providing the information located in the "Officers/Directors" box. If additional entries are needed, click the "Add an Officer/Director Entry" button.

**Once all required information has been disclosed, please sign and date below**

### Additional Information

Person or Entity \_\_\_\_\_ Date of Inception: \_\_\_\_\_

Current Status \_\_\_\_\_

Brief Description \_\_\_\_\_

Caption of Action (if applicable) \_\_\_\_\_ Disposition of Action (if applicable) \_\_\_\_\_

Delete Entry

Bidder/Offeror Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Add Additional Information

### Officers/Directors

Name: \_\_\_\_\_

Title \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Delete Entry

Add An Additional Officer/Director Entry

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Errol Feldman Signature: 

Title: Secretary & General Counsel Date: 12/27/2012

**State of New Jersey**  
**Division of Purchase and Property**  
**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

**Solicitation Number:** 1901

**Bidder/Offeror:** JPay Inc.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to bid/renew:

- is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, AND
- is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase and Property under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

**EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.**

Name _____	Relationship to Bidder/Offeror _____
Description of Activities _____	
_____	
Duration of Engagement _____	Anticipated Cessation Date _____
Bidder/Offeror Contact Name _____	Contact Phone Number _____

ADD AN ADDITIONAL ACTIVITIES ENTRY

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Errol Feldman

Signature: 

Title: Secretary & General Counsel

Date: 12/27/2012

**MACBRIDE PRINCIPLES FORM****BIDDER'S REQUIREMENT: TO PROVIDE A CERTIFICATION  
IN COMPLIANCE WITH MACBRIDE PRINCIPLES  
AND NORTHERN IRELAND ACT OF 1989**

Pursuant to Public Law 1995, c. 134, a responsible bidder selected, after public bidding, by the Director of the Division of Purchase and Property, pursuant to N.J.S.A. 52:34-12, or the Director of the Division of Building and Construction, pursuant to N.J.S.A. 52:32-2, must complete the certification below by checking one of the two representations listed and signing where indicated. If a bidder who would otherwise be awarded a purchase, contract or agreement does not complete the certification, then the Directors may determine, in accordance with applicable law and rules, that it is in the best interest of the State to award the purchase, contract or agreement to another bidder who has completed the certification and has submitted a bid within five (5) percent of the most advantageous bid. If the Directors find contractors to be in violation of the principles which are the subject of this law, they shall take such action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I certify, pursuant to N.J.S.A. 52:34-12.2 that the entity for which I am authorized to bid:

- has no ongoing business activities in Northern Ireland and does not maintain a physical presence therein through the operation of offices, plants, factories, or similar facilities, either directly or indirectly, through intermediaries, subsidiaries or affiliated companies over which it maintains effective control; or
- will take lawful steps in good faith to conduct any business operations it has in Northern Ireland in accordance with the MacBride principles of nondiscrimination in employment as set forth in N.J.S.A. 52:18A-89.8 and in conformance with the United Kingdom's Fair Employment (Northern Ireland) Act of 1989, and permit independent monitoring of their compliance with those principles.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

Errol Feldman

Title: \_\_\_\_\_

General Counsel

Firm Name: \_\_\_\_\_

JPay Inc.

Date: \_\_\_\_\_

8/20/12

**NOTICE TO ALL BIDDERS**  
**SET-OFF FOR STATE TAX**

Please be advised that, pursuant to P.L. 1995, c.159, effective January 1, 1996, and notwithstanding any provision of the law to the contrary, whenever any taxpayer, partnership or S corporation under contract to provide goods or services or construction projects to the State of New Jersey or its agencies or instrumentalities, including the legislative and judicial branches of State government, is entitled to payment for those goods or services at the same time a taxpayer, partner or shareholder of that entity is indebted for any State tax, the Director of the Division of Taxation shall seek to set off that taxpayer's or shareholder's share of the payment due the taxpayer, partnership or S corporation. The amount set off shall not allow for the deduction of any expenses or other deductions which might be attributable to the taxpayer, partner or shareholder subject to set-off under this act.

The Director of the Division of Taxation shall give notice of the set-off to the taxpayer and provide an opportunity for a hearing within 30 days of such notice under the procedures for protests established under R.S. 54:49-18. No requests for conference, protest, or subsequent appeal to the Tax Court from any protest under this section shall stay the collection of the indebtedness. Interest that may be payable by the State, pursuant to P.L. 1987, c.184 (c. 52:32-32 et seq.), to the taxpayer shall be stayed.

"I HAVE BEEN ADVISED OF THIS NOTICE"

COMPANY J Pay Inc.

SIGNATURE 

NAME Errol Feldman

TITLE General Counsel

DATE 8/20/12

## COOPERATIVE PURCHASING FORM

DEPARTMENT OF THE TREASURY PROCUREMENT BUREAU STATE OF NEW JERSEY 33 WEST STATE STREET PO BOX 230 TRENTON, NJ 08625-0230	SOLICITATION NUMBER: _____ BIDDERS NAME: _____ BIDDERS FEIN: _____
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### IMPORTANT NOTICE

BIDDERS ARE ADVISED TO REVIEW THE ATTACHED REQUEST FOR PROPOSAL (RFP) AND ANSWER THE CONTRACT EXTENSION QUESTION LISTED BELOW.

#### AGREEMENT TO EXTEND STATE CONTRACT TERMS TO QUASI-STATE AGENCIES, COUNTIES, MUNICIPALITIES, SCHOOL DISTRICTS, COUNTY COLLEGES AND STATE COLLEGES

THE QUESTION BELOW ELICITS THE BIDDER'S ADVANCE AGREEMENT TO OR REJECTION OF THE USE OF THIS STATE CONTRACT BY THE FOLLOWING ENTITIES:

N.J.S.A. 52:27B-56.1 PERMITS THE PARTICIPATION OF QUASI-STATE AGENCIES IN STATE CONTRACTS.

N.J.S.A. 52:25-16.1 ALLOWS THE DIRECTOR TO EXTEND IN ADVANCE THE LOCAL USE OF STATE CONTRACTS BY INCLUDING A PROVISION FOR SUCH PURCHASES IN THE STATE CONTRACT.

N.J.S.A. 52:25-16.2 PERMITS VOLUNTEER FIRE DEPARTMENTS, VOLUNTEER FIRST AID SQUADS AND RESCUE SQUADS TO PARTICIPATE IN STATE CONTRACTS.

N.J.S.A. 52:25-16.5 PERMITS INDEPENDENT INSTITUTIONS OF HIGHER EDUCATION TO PARTICIPATE IN STATE CONTRACTS.

N.J.S.A. 18A:64A-25.9 PERMITS ANY COLLEGE TO PARTICIPATE IN STATE CONTRACTS.

N.J.S.A. 18A:64-60 PERMITS ANY STATE COLLEGE TO PARTICIPATE IN STATE CONTRACTS.

N.J.S.A. 40:11-12 AND N.J.S.A. 18A:18A-10 TO ALLOW COUNTIES, MUNICIPALITIES AND SCHOOL DISTRICTS TO USE SUCH STATE CONTRACTS AND TO DEAL "DIRECTLY" WITH STATE CONTRACT VENDORS INSTEAD OF BIDDING THE ITEMS.

THE SAME PRICE MUST BE ESTABLISHED FOR THE STATE AND FOR LOCAL GOVERNMENTS; OTHER TERMS AND CONDITIONS ALSO MUST BE THE SAME UNLESS A PARTICULAR TERM OR CONDITION IS SPECIFICALLY IDENTIFIED OTHERWISE IN THE RFP BY THE STATE.

A BIDDER'S WILLINGNESS OR UNWILLINGNESS TO EXTEND WILL "NOT" BE A FACTOR IN DETERMINING THE STATE AWARD. THE DIRECTOR WILL "NOT" AWARD A SEPARATE CONTRACT FOR LOCAL USE. THE VENDOR MUST AFFIRMATIVELY INDICATE ITS CONSENT TO SUCH EXTENSION IN ACCORDANCE WITH THE PROVISIONS OF THE RFP, AT THE TIME OF CONTRACT AWARD, OR AT ANY TIME DURING THE PERIOD OF PERFORMANCE OF THE CONTRACT.

DO YOU AGREE TO EXTEND ANY STATE CONTRACTS AWARDED AS A RESULT OF THIS RFP TO THE AFOREMENTIONED ENTITIES AT THE SAME PRICE AND COMMON TERMS AND CONDITIONS?

YES  NO

IF THE BIDDER DOES NOT CHECK "YES" OR "NO" TO THE ABOVE QUESTION, THE ANSWER WILL BE CONSIDERED AS "NO".

**NOTE: NO CONTRACT WILL BE EXTENDED TO THESE ENTITIES UNLESS THE DIRECTOR OF THE DIVISION OF PURCHASE AND PROPERTY SPECIFICALLY PROVIDES FOR THE EXTENSION AT THE TIME OF THE AWARD, OR AT ANY TIME DURING THE PERIOD OF PERFORMANCE OF THE CONTRACT.**



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** JPAY INC  
**Trade Name:**  
**Address:** 10800 BISCAYNE BLVD STE 1000  
MIAMI, FL 33161-7492  
**Certificate Number:** 1196657  
**Effective Date:** December 07, 2005  
**Date of Issuance:** August 20, 2012

**For Office Use Only:**  
20120820120356448

**Locane, Pasquale**

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Chapter 51

**From:** Antinoro, Katherine  
**Sent:** Tuesday, January 22, 2013 8:38 AM  
**To:** Locane, Pasquale  
**Subject:** Chapter 51 approval

Hi Pat,

JPAY INC. (RFP# 9101) is approved for 2 year Chapter 51/EO117 certification. Please verify the vendor's continuing compliance status with the Chapter 51 Review Unit for any future contracts. Submit written verification request to [CD134@treas.state.nj.us](mailto:CD134@treas.state.nj.us)

Thank you

*Kathy Antinoro  
Dept. of the Treasury  
Chapter 51 Review Unit  
609-292-2043  
609-984-2575 fax*

**NOTICE - The Chapter 51 Review Unit has moved and is now located on the 8th floor at 33 West State Street. Our new PO Box number is 230 and our new fax number is 609-984-2575.**



**Part 3: Disclosure of Contributions Made**

**Check this box if no reportable contributions have been made by the above-named business entity or individual.**

Name of Recipient _____	Address of Recipient _____
Date of Contribution _____	Amount of Contribution _____
Type of Contribution (i.e. currency, check, loan, in-kind) _____	
Contributor Name _____	
Relationship of Contributor to the Vendor _____	
Contributor Address _____	
City _____	State _____ Zip _____

If this form is not being completed electronically, please attach pages for additional contributions as necessary. Otherwise click "Add a Contribution" to enter additional contributions.

**Part 4: Certification**

I have read the instructions accompanying this form prior to completing this certification on behalf of the above-named business entity. I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

**I understand that this certification will be in effect for two (2) years from the date of approval, provided the ownership status does not change and/or additional contributions are not made.** If there are any changes in the ownership of the entity or additional contributions are made, a new full set of documents are required to be completed and submitted. By submitting this Certification and Disclosure, the person or entity named herein acknowledges this continuing reporting responsibility and certifies that it will adhere to it.

(CHECK ONE BOX A, B or C)

- (A)  I am certifying on behalf of the above-named business entity and all individuals and/or entities whose contributions are attributable to the entity pursuant to Executive Order 117 (2008).
- (B)  I am certifying on behalf of the above-named business entity only.
- (C)  I am certifying on behalf of an individual and/or entity whose contributions are attributable to the vendor.

Signed Name  Print Name Errol Feldman  
Phone Number 954.862.6903 Date 8/20/12  
Title/Position General Counsel

**Agency Submission of Forms**

The agency should submit the completed and signed Two-Year Vendor Certification and Disclosure forms, together with a completed Ownership Disclosure form, either electronically to [cd134@treas.state.nj.us](mailto:cd134@treas.state.nj.us), or regular mail at Chapter 51 Review Unit, P.O. Box 039, 33 West State Street, 9<sup>th</sup> Floor, Trenton, NJ 08625. The agency should save the forms locally and keep the original forms on file, and submit copies to the Chapter 51 Review Unit.

**SOURCE DISCLOSURE CERTIFICATION FORM**

Contractor: JPay Inc. Contract Number: \_\_\_\_\_

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Contractor.

The Contractor submits this Certification in response to the referenced contract issued by the Division of Purchase and Property, Department of the Treasury, State of New Jersey (the "Division"), in accordance with the requirements of N.J.S.A. 52:34-13.2.

Instructions:

List every location where services will be performed by the Contractor and all Subcontractors.

If any of the services cannot be performed within the United States, the Contractor shall state, with specificity the reasons why the services cannot be so performed. Attach additional pages if necessary.

Contractor and/or Subcontractor	Description of Services	Performance Location[s] by Country	Reasons why services cannot be performed in US
JPay Inc.	inmate kiosks and related services	U.S.	

Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Director, Division of Purchase and Property (the "Director").

The Director shall determine whether sufficient justification has been provided by the Contractor to form the basis of his certification that the services cannot be performed in the United States and whether to seek the approval of the Treasurer.

I understand that, after award of a contract to the Contractor, it is determined that the Contractor has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Contractor shall be deemed in breach of contract, which contract will be subject to termination for cause pursuant to Section 3.5b.1 of the Standard Terms and Conditions.

I further understand that this Certification is submitted on behalf of the Contractor in order to induce the Division to accept a bid proposal, with knowledge that the Division is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Contractor: JPay Inc.  
[Name of Organization or Entity]

By: [Signature]

Title: General Counsel

Print Name: Errol Feldman

Date: 8/20/12

**State of New Jersey**  
**Division of Public Contracts Equal Employment Opportunity Compliance**  
**EMPLOYEE INFORMATION REPORT**

**IMPORTANT-** READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALLPOINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND **SUBMIT THE REQUIRED \$150.00 FEE** MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11.

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY: [ ] 2. TYPE OF BUSINESS:  1. MANUFACTURING  2. SERVICE  3. WHOLESALE  4. RETAIL  5. OTHER

3. TOTAL NO. OF EMPLOYEES IN THE ENTIRE COMPANY: approx. 200

4. COMPANY NAME: JPay Inc.

5. STREET: 12864 Biscayne Boulevard, Ste 243 CITY: Miami COUNTY: Miami-Dade STATE: FL ZIP CODE: 33181

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE): None. CITY: STATE: ZIP CODE:

7. CHECK ONE: IS THE COMPANY:  SINGLE-ESTABLISHMENT EMPLOYER  MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ: 0

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT: 200

10. PUBLIC AGENCY AWARDED CONTRACT: State of NJ, Dept of Treas, Div of Purchase and Property CITY: Trenton COUNTY: STATE: NJ ZIP CODE: 08625

Official Use Only	DATE RECEIVED	INAUG DATE	ASSIGNED CERTIFICATION NUMBER

N.J.S.A. 47:1A-1, N.J.S.A. 1A-1.1 Personal identifying information

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB Categories	All Employees		PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	Total (Cols. 2 & 3)	***** MALE *****					***** FEMALE *****						
		COL. 2 MALE	COL. 3 FEMALE	Black	Hispanic	Amer. Indian	Asian	Non Min	Black	Hispanic	Amer. Indian	Asian	Non Min
Officials/Managers	6	6	0				1	5					
Professionals	11	6	5		1			5		1			4
Technicians	55	48	7	18	10		6	14		1		4	2
Sales Workers	2	2	0					2					
Office & Clerical	62	19	43	9	4			6	26	12			5
Craftworkers (Skilled)	0	0	0										
Operatives (Semi-Skilled)	5	4	1	3	1				1				
Laborers (Unskilled)	0	0	0										
Service Workers	0	0	0										
Total	141	85	56										
Total employment from previous Report (if any)													
Temporary & Part Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? **EMPLOYEE INTAKE FORMS**

13. DATES OF PAYROLL PERIOD USED FROM: 7/21/12 TO: 7/21/12

14. IS THIS THE FIRST Employee Information Report Submitted?  YES  NO

15. IF NO, DATE LAST REPORT SUBMITTED

**SECTION C - SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print or Type): **ERRIC FELDMAN** SIGNATURE: *[Signature]* TITLE: **General Counsel** DATE: **8/20/12**

17. ADDRESS NO. & STREET: **12864 Biscayne Bl #243** CITY: **Miami** COUNTY: **FL** STATE: **FL** ZIP CODE: **33181** PHONE, AREA CODE, NO.

I certify that the information on this form is true and correct.

N.J.S.A. 47:1A-1.1 Financial information