

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER
CONTRACT AWARD RECOMMENDATIONS

DECEMBER 11, 2015

Item #	Contract#	Recommended Action	Using Department	Description	Recommended Vendor	Contract Amount	MBE/WBE Participation	Participation Type	Participation%	# of Bids Received	# of M/WBE Bids Received	CCA Concurr
1	1528-14445	Contract	Capital Planning & Policy	Architectural & Engineering Services for 118 N. Clark ADA Renovations on Floors 5, 8 and 10	FGM Architects, Inc.	\$1,522,218.00	AAA Engineering, Ltd Rubinos & Mesia Engineers, Inc. McGuire Iglesias & Associates, Inc. GSG Consultants, Inc. Bailey Edwards Design, Inc.	DBE-7 DBE-8 DBE-7 DBE-9 DBE-7	17.76% Direct 6.29% Direct 3.50% Direct 2.22% Direct 6.01% Direct	3	0	Y
2	1525-14738	Contract	Bureau of Technology	Cable TV Equipment	AVI Systems, Inc.	\$155,696.00	Full Waiver Granted	DNA	DNA	1	0	Y
3	1525-14863	Contract	Clerk of the Circuit Court	Cashiering System Upgrade	N. Harris Computer Corporation, D/B/A/ System Innovators	\$644,340.00	0% Goal	DNA	DNA	DNA	DNA	Y
4	1511-14997	Contract	Sheriff	Policy Management System	Lexipol, LLC	\$846,948.00	0% Goal	DNA	DNA	DNA	DNA	Y
5	1525-15053	Contract	Department of Revenue	Integrated Home Rule Tax Discovery System	Revenue Solutions, Inc.	\$1,819,067.00	0% Goal	DNA	DNA	DNA	DNA	Y
6	1530-15015	Contract	Justice Advisory Council	Alternatives to Detention: Bond Court Backlog Clearance Specialists	Safer Foundation	\$368,510.00	0% Goal	DNA	DNA	DNA	DNA	Y
7	1488-13992	Contract	Bureau of Technology	Enterprise Service Bus	Applications Software Technology Corporation	\$2,321,265.00	System Solutions, Inc. LG Associates dba Asen Computer Associates	MBE-8 WBE-7	16.7 % (Direct) 18.3% (Direct)	9	1	Y

MBE/WBE Participation Types:
Native American (4)
African American (6)
Female (7)
Asian (8)
Hispanic (9)

R - Rebid
DNA - Does Not Apply
CCA - Contract Compliance Administrator
**Not Low Bidder

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

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"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name FGM Architects Inc.

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 37-0900899

Street Address: 200 W. Jackson Blvd, Suite 1040

City: Chicago State: Illinois Zip Code: 60630

Phone No.: 312.948.8461 Fax Number: 312.948.8462 Email: john@fgmarchitects.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
John F. Ochoa	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	16.54%
James G. Woods	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	12.85%
August F. Battaglia	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	11.56%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee None	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
None			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Find list on the following page			

Declaration (check the applicable box):

- [] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

List of FGM Board members/Principals

John F. Ochoa	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	President & CEO	29 years
Kathleen Miles	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	CFO	15 years
August F. Battaglia	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	PK-12 Design Director	16 years
Joseph Chronister	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	Director, Higher Education	7 years
Tim Kwiatkowski	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	Southern Region Manager	16 years
James G. Woods	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	Director, PK-12 Education	17 years
John Dzarnowski	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	Director, Municipal & Recreation	7 years
Andy Jasek	200 W. Jackson Blvd, Suite 1040, Chicago, IL 60606	Northern Region Manager & Director, Fire Service	19 years

John Dzarnowski

Name of Authorized Applicant/Holder Representative (please print or type)

Signature

john@fgmarchitects.com

E-mail address

Subscribed to and sworn before me
this 15th day of April, 2015

x Carol Reeser
Signature

Principal-in-Charge

Title

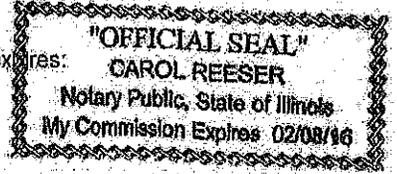
April 15, 2015

Date

312.948.8461

Phone Number

My commission expires:



Notary Public
Notary Seal

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name: AVI Systems Inc.
D/B/A:
Street Address: 717 W. Algonquin Road
City: Arlington Heights State: IL Zip Code: 60005
Phone No.: 630-477-2300 Fax Number: 630-477-2301 Email: Tom.Melms@avisystems.com

Cook County Business Registration Number: (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable):

Form of Legal Entity:

[] Sole Proprietor [] Partnership [X] Corporation [] Trustee of Land Trust

[] Business Trust [] Estate [] Association [] Joint Venture

[] Other (describe)

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
<i>Not Applicable - employee owned company</i>		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
<i>Jett Stuebner</i>	<i>Eden Prairie, MN</i>	<i>President/CEO</i>	<i>5 years</i>
<i>Randi Barth</i>	<i>Lenexa, KS</i>	<i>CFO</i>	<i>10 years</i>
<i>Glenn Busch</i>	<i>Bismarck, ND</i>	<i>EVP</i>	<i>10 years</i>

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

JEFF STOECKER
Name of Authorized Applicant/Holder Representative (please print or type)

[Signature]
Signature

jeff.stoecker@avisystems.com
E-mail address

PRESIDENT
Title

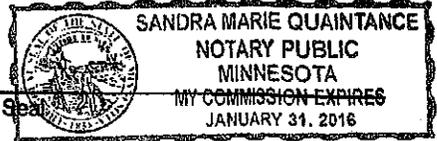
10/2/15
Date

(952) 949-8700
Phone Number

Subscribed to and sworn before me
this 2nd day of October 15

x Sandra M. Quaintance
Notary Public Signature

My commission expires: 1/31/16



Notary Seal

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name N. Harris Computer Corporation

D/B/A: System Innovators FEIN NO.: 98-0141520

Street Address: 10550 Deerwood Park Blvd, Suite 700

City: Jacksonville State: Florida Zip Code: 32256

Phone No.: 904-281-9090 Fax Number: 904-645-8892 Email: si_sales@harriscomputer.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 67611349

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
N. Harris Computer Corporation	1 Antares Drive, Suite 400 Ottawa, Ontario K2E 8C4 Canada	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [X] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Jeff Bender	1 Antares Dr, Suite 400 Ottawa, ON K2E 8C4	CEO	
Todd Richardson	1 Antares Dr., Suite 400 Ottawa, ON K2E 8C4	CFO	
Jerry Canada	1 Antares Dr., Suite 400 Ottawa, ON K2E 8C4	President	

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Jeffrey Sumner
 Name of Authorized Applicant/Holder Representative (please print or type)

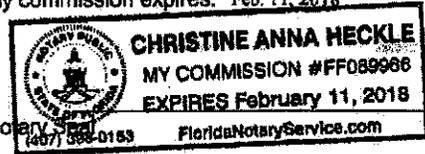
 Signature
 jsumner@systeminnovators.com
 E-mail address

Executive Vice President
 Title
 September 10, 2015
 Date
 (904) 281-9090 Ext. 72504
 Phone Number

Subscribed to and sworn before me
 this 10th day of September 2015.

My commission expires: Feb. 11, 2018

X 
 Notary Public Signature



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Lexipol LLC

D/B/A: Lexipol LLC FEIN NO.: 71-09341113

Street Address: 6B Liberty Suite 200

City: Aliso Viejo State: CA Zip Code: 92656

Phone No.: 949-484-4444 Fax Number: 949-484-4443 Email: vholland@lexipol.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

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Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
Lexipol Holding Company	6B Liberty Suite 200, Aliso Viejo, CA 92656	100%	Owner

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Michael Davis	6B Liberty Suite 200, Aliso Viejo, CA 92656	Manager	Unlimited
Loren Schlachet	6B Liberty Suite 200, Aliso Viejo, CA 92656	Manager	Unlimited
Bela Schwartz	6B Liberty Suite 200, Aliso Viejo, CA 92656	Manager	Unlimited
L Joseph Lee Jr.	6B Liberty Suite 200, Aliso Viejo, CA 92656	Manager	Unlimited
Daniel Haynes	6B Liberty Suite 200, Aliso Viejo, CA 92656	Manager	Unlimited

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Van Holland
Name of Authorized Applicant/Holder Representative (please print or type)

Signature

Vholland@lexipol.com
E-mail address

Subscribed to and sworn before me
this 26th day of October 2015.

[Handwritten Signature]
Notary Public Signature

CFO
Title

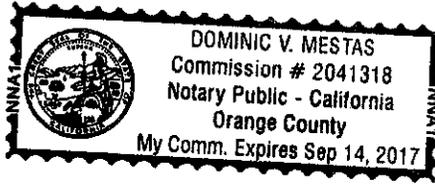
10/26/15
Date

949-309-3900
Phone Number

My commission expires: 9-14-2017

Notary Seal

X see Attached



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

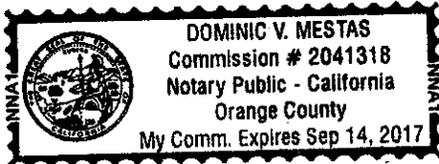
On 10-26-2015 before me, Dominic V. Mestas, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Robert Van Ness Holland
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Ownership Interest statement Document Date: 10-26-2015
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Robert Van Ness
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Revenue Solutions, Inc.

D/B/A: _____ FEIN NO.: 04-3312927

Street Address: 42 Winter Street

City: Pembroke State: MA Zip Code: 02359

Phone No.: 781-826-1546 Fax Number: 781-826-1324 Email: tcanniff@rsimail.com

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): N/A

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Mark C. Havens	5020 Independence Ave. Bronx, NY 10471	45%
Paul G. Panariello	3 Stonehill Lane, Milton, MA 02186	35%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Mark C. Havens	5020 Independence Ave. Bronx, NY 10471	President	Ongoing
Paul G. Panariello	3 Stonehill Lane, Milton, MA 02186	VP/Secretary	Ongoing
Christopher L. Barlow	12 Back River Way, Duxbury, MA 02332	Treasurer/Asst Sec.	Ongoing

Declaration (check the applicable box):

- [X] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [X] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Christopher L. Barlow
Name of Authorized Applicant/Holder Representative (please print or type)

Christopher L. Barlow

Signature

CBarlow@RSImail.com

E-mail address

Subscribed to and sworn before me
this 5 day of Nov, 2015.

X

[Handwritten Signature]

Notary Public Signature

CFO, Treasurer, & Asst. Secretary

Title

11/5/15

Date

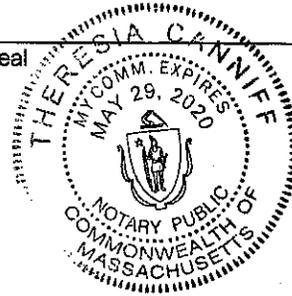
781-826-1546

Phone Number

My commission expires:

5/29/20

Notary Seal



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name Safer Foundation
D/B/A: FEIN NO.: 36-2762168
Street Address: 571 W Jackson Blvd
City: Chicago State: IL Zip Code: 60661
Phone No.: 312-922-2200 Fax Number: 312-913-3012 Email:

Cook County Business Registration Number: (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable):

Form of Legal Entity:

- [] Sole Proprietor [] Partnership [X] Corporation 501(c)(3) [] Trustee of Land Trust
[] Business Trust [] Estate [] Association [] Joint Venture
[] Other (describe)

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
<i>see attached listing</i>			

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

**SAFER FOUNDATION
BOARD OF DIRECTORS
OFFICERS ROSTER
November 2015**

Cecily Mistarz* Chair	U.S. Chief Risk Officer BMO Financial Group 111 W. Monroe, 4 East Chicago, IL 60603	Tel: 312/461-3223 Fax: 312/461-1854 E-mail: Cecily.Mistarz@bmo.com
Allen Kanter* Vice- Chairman	Kanter & Morgan 200 S. Wacker Drive, Suite 3100 Chicago, IL 60606	Tel: 312/715-0637 Fax: 312/204-6644 E-mail: Kmmg2@aol.com
Ethan M. Erenberg* Vice-Chairman	3800 N. Lake Shore Drive, Apt. 13C Chicago, IL 60613	Tel: 773/975-9221 Fax: 773/975-9221 E-mail: Erenbergpe@aol.com
Arnold G. Siegel* Secretary	Attorney-at-Law 20 N. Clark, Suite 2200 Chicago, IL 60602	Tel: 312/629-0222 Fax: 312/236-7660 E-mail: Arnsiegel@sbcglobal.net
Anthony J. Madonia Treasurer	Anthony J. Madonia & Associates 233 S. Wacker Drive, Suite 6825 Chicago, IL 60606-1609	Tel: 312/578-9300 Fax: 312/578-9303 Email: tony@madonia.com
Victor B. Dickson President & CEO	571 West Jackson Blvd Chicago, IL 60661	Tel: 312/922-4767 Email: Victor.Dickson@saferfoundation.org
Ethel Muhammad Chief Operating Officer	571 West Jackson Blvd Chicago, IL 60661	Tel: 312/922-7046 Email: Ethel.Muhammad@saferfoundation.org
Joseph L. Urban Chief Financial Officer	571 West Jackson Blvd Chicago, IL 60661	Tel: 312/922-8505 Email: Joseph.Urban@saferfoundation.org

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Victor B. Dickson
Name of Authorized Applicant/Holder Representative (please print or type)

[Signature]
Signature

Victor.Dickson@safefoundation.org
E-mail address

President + CEO
Title

11/5/15
Date

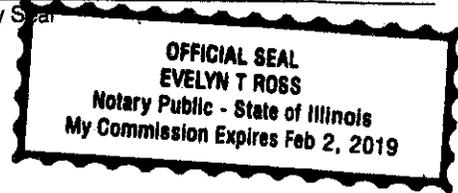
312-922-4767
Phone Number

Subscribed to and sworn before me
this 5 day of Nov, 2015.

My commission expires: 2/2/19

X Evelyn T. Ross
Notary Public Signature

Notary Seal



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Application Software Technology Corporation

D/B/A: AST Corporation FEIN NO.: 36-4038140

Street Address: 1755 Park Street, Suite 100

City: Naperville State: IL Zip Code: 60563

Phone No.: (630) 778-1180 Fax Number: (630) 778-1179 Email: pkumar@astcorporation.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Pravin Kumar	1755 Park St., Ste 100, Naperville, IL 60563	50%
Shaji Zechariah	1755 Park St., Ste 100, Naperville, IL 60563	50%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Pravin Kumar	1755 Park St., Ste. 100, Naperville, IL 60563	President	
Shaji Zechariah	1755 Park St., Ste. 100, Naperville, IL 60563	Vice President, Secretary, Treasurer	

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
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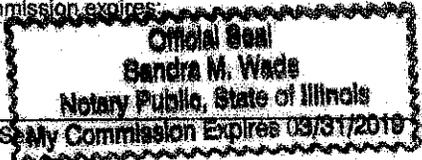
COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Pravin Kumar
Name of Authorized Applicant/Holder Representative (please print or type)
Pravin Kumar
Signature
pkumar@astcorporation.com
E-mail address

President & CEO
Title
9/14/2015
Date
(630) 778-1180
Phone Number

Subscribed to and sworn before me
this 14th day of September 2015.

x Sandra M. Wade
Notary Public Signature

My commission expires:

Notary Seal My Commission Expires 03/31/2019