

**COOK COUNTY GOVERNMENT  
OFFICE OF THE PURCHASING AGENT  
BIDS REPORT RECOMMENDATIONS  
BOARD MEETING DATE: January 4, 2011**

Item #	Contract No./ Recommended Action	Using Department/ Commodity	Recommended Vendor	Contract Award Amount	MBE/WBE Participation		# of Bids Received	# of M/WBE Bids Received	CCA Concurr
					Native American	[4]			
1	10-45-116 Cancel/Rebid (2)	Poultry Products for Juvenile Temporary Detention Center of Cook County (Reverse Auction)					2	0	DNA
2	10-53-122 Award	Maintenance, Security System at Juvenile Detention Center for Cook County Department of Facilities Management	Advent Systems, Inc.	\$117,404.00	Mercommbe, Inc.	35% [9]	2	0	Y
3	10-53-125 R Award	Cadavers, Cartage & Burial for Cook County Office of the Medical Examiner	Homewood Memorial Gardens, Inc.	\$144,500.00	Lambent Risk Management	26.30% [6]	1	0	Y
					West Fuels, Inc.	10.38% [7]			

**R** - Rebid

**(1)** Specifications

**(2)** MBE/WBE

**(3)** Exceed 10%

**(4)** Cancel/Entirety

**(5)** Partial

**(6)** Revised Specs

**(7)** Default

**(8)** Other

**\*\* Not Low Bidder**

**DNA** - Does Not Apply

**CCA** - Contract Compliance Administrator

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.

"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. An individual or Legal Entity 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 Advent Systems, Inc. D/B/A: Advent Systems, Inc. EIN NO.: 36-3941467

Street Address: 435 West Fullerton Avenue

City: Elmhurst State: Illinois Zip Code: 60457-1404

Phone No.: 630-279-7171

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 individual and each Entity 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
Michael R. Walsdorf	435 West Fullerton, Elmhurst, IL 60457	83.333
Paul M. Seben	435 West Fullerton, Elmhurst, IL 60457	8.333
John W. Lothrop	435 West Fullerton, Elmhurst, IL 60457	8.333

2. If the interest of any individual or any Entity 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 or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

**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.
- [X] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

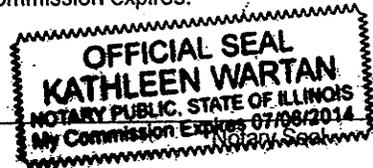
Advent Systems, Inc. Paul M. Seben  
 Name of Authorized Applicant/Holder Representative (please print or type)  
 Signature *Paul M. Seben*  
 Paul\_S@AdventSystems.com  
 E-mail address

Vice President & Secretary  
 Title  
 October 26, 2010  
 Date  
 630-279-7171  
 Phone Number

Subscribed to and sworn before me  
 this 26th day of Oct., 2010

X *Kathleen Wartan*  
 Notary Public Signature

My commission expires: 7/06/14



04.09

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2. An individual or Legal Entity 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: HOMEWOOD MEMORIAL GARDENS, INC. D/B/A: EIN NO.: 36-1568900

Street Address: 600 W. RIDGE RD.

City: HOMEWOOD State: IL Zip Code: 60430

Phone No.: 708-798-0055

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 individual and each Entity 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
THOMAS M. FLYNN	1850 N. CLARK ST. CHICAGO, IL. 60614	100%

2. If the interest of any individual or any Entity 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 or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

**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.

THOMAS M. FLYNN  
Name of Authorized Applicant/Holder Representative (please print or type)

Thomas M. Flynn.  
Signature

TomFLYNN@ROADRUNNER.COM  
E-mail address

PRESIDENT.  
Title

11-16-10  
Date

724-699-1998 (CELL)  
Phone Number

Subscribed to and sworn before me  
this 16<sup>th</sup> day of Nov., 2010

x Kelly L. McCarthy  
Notary Public Signature

My commission expires:

