

This Form Must Accompany RFP
Exhibit E

STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP

Please check one type of Ownership, complete the form, and execute where provided.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Sub Chapter S Corporation | <input type="checkbox"/> Other: _____ |

All Respondents must submit this statement setting forth the names of all individuals who own a 10% or greater interest in the Respondent as the case may be. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders/partners holding 10% or more of that corporation or partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder and individual partner exceeding the 10% ownership has been listed.

If there is no stockholder, partner or individual that owns 10% or more of the Respondent, write "None" or similar language below.

List of Stockholders/Partners with Ten Percent (10%) or More Interest in Respondent:

<u>Owner's Name</u>	<u>Home Address</u>	<u>Title/Office Held</u>	<u>Percent (%) of Partnership Share Owned</u>
Hemant Patel		President	100%

List of Stockholders/Partners with Ten Percent (10%) or More Interest in Any Organization Listed Above:

<u>Owner's Name</u>	<u>Home Address</u>	<u>Title/Office Held</u>	<u>Percent (%) of Partnership Share Owned</u>

Use additional paper if needed. Check here if additional sheets are attached.

Name of Company A.M.E. Inc.

Address 1275 Bloomfield Avenue - Building 2, Suite 17B

City, State, Zip Code Fairfield, NJ 07004

Authorized Agent *Amit Patel* Amit Patel Title Vice President