

# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

W B MASON CO INC

Trade Name:

Address:

535 SECAUCUS RD

SECAUCUS, NJ 07094-2529

Certificate Number:

0056513

**Effective Date:** 

January 10, 2000

Date of Issuance:

August 12, 2015

For Office Use Only:

20150812094600156

## CERTIFICATE OF EMPLOYEE INFORMATION REPORT

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 15-APR-2020 effect for the period of

W.B. MASON COMPANY, INC 59 CENTRE STREET BROCKTON

MA 02303

State Treasurer

(REVISED 4/10)

#### **EXHIBIT A**

RETURN WITH BID

# MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

ESCNJ 17/18-16 Furniture & Accessories

March 30, 2017 @ 11:00 a.m.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at <a href="https://www.state.nj.us/treasury/contract\_compliance">www.state.nj.us/treasury/contract\_compliance</a>)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

Signatur	e		
Name _	Daniel Orr	Jr.	
Title	Senior V.P		
Compan	y Name	W.B.Mason Co. Inc.	

### STATEMENT OF OWNERSHIP (OWNERSHIP DISCLOSURE CERTIFICATION)

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

### This Statement Shall Be Included with All Bid and Proposal Submissions

Name of Business:	W.B.Mason Co. Inc	S	
Address of Business:	535 Secaucus R	oad, Secaucus, NJ. 07094	
Name of person comp	leting this form:	Daniel Orr Jr.	

#### N.J.S.A. 52:25-24.2:

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, 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, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25-24.2, which refer to corporations and partnerships, apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

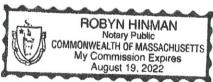
# NJ State Approved Cooperative Pricing System #65MCESCCPS This Ownership Disclosure Certification form shall be completed, signed and notarized. Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

Part 1					
Check t	he box that represents the type of	business organ	ization:		
Sol	e Proprietorship (skip Parts II and III	l, sign and notar	ize at the o	end)	
No	n-Profit Corporation (skip Parts II ar	nd III, sign and n	otarize at t	the end)	
	rtnership Limited Partnership	Limited			
Lim	nited Liability Company				
ATT.	-profit Corporation (including Subcl	hapters C and S	or Professi	ional Cornoration)	
	ner (be specific):				
Ott	iei (be specific).				
Part 1	П				
1 art	<u>u</u>				
V	I certify that the list below contain	ns the names a	nd addres	ses of all stockholders in the corpo	ration
				f all individual partners in the part	
	who own a 10 percent or greater who own a 10 percent or greater			members in the limited liability co ase may be.	mpany
	OR				
	I certify that no one stockholder i	n the corporati	on owns 1	.0 percent or more of its stock, of a	any class,
				ent or greater interest therein, or t t or greater interest therein, as the	
	be	inpany owns a	to percen	tor greater interest therein, as the	s case may
		if necessary, co	mplete th	e list below. (Please attach addition	nal sheets if
	pace is needed):			10.2	
Name:	Steve Greene		Name:	John Greene	
Addres	s:59 Centre Street		Address:	59 Centre Street	
	Brockton, MA. 02301	¢	-	Brockton, MA. 02301	
Name:	Leo Meehan		Name:		
Addres	s: 59 Centre Street		Address:		
	Brockton, MA. 02301				
		-			
Part III	_ Any Direct or Indirect Parent Er	ntity Which is Pu	ublicly Tra	ded:	

ESCNJ 17/18-16 Furniture & Accessories March 30, 2017 @ 11:00 a.m.

"To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

that contain the information on each person that holds a 10 percent or greater beneficial interest."
Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest.
OR
Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent.
AND
Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.
Subscribed and sworn before me this 16th day of
March , 2 017 . (Affiant) Daniel Orr Jr., Senior V.P.  (Notary Public) (Print name of affiant and title if applicable) (Corporate Seal if a Corporation)  My Commission expires: August 19, 2022
ROBYN HINMAN



#### ... W-9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Internal Revenue Service						
1 Name (as shown on your income tax return). Name is required on this line; of	to not leave this line blank.					
W.B. Mason Company, Inc.						
2. Business name/disregarded antity name, if different from above						
0						
3 Check appropriate box for federal tax classification; check only one of the control of the con	sexed boxes:	4 Examptions (codes apply only to				
5 Individual/sole proprietor or Corporation S Corporati	lon Partnership Trust/est	certain entitles, not individuals; see				
g = single-member LLC		Exempt payee code (if any)				
single-member LLC Limited liability company. Enter the lax classification (C=C corporation, 8 Note. For a single-member LLC that is disregarded, do not check LLC; of the tax classification of the single-member owner.  Other (see instructions)	=S corporation, P=partnership) >	"				
Note. For a single-member LLC that is disregarded, do not check LLC; of the tax classification of the single-member owner.	heck the approprists box in the line above	e for Examption from FATCA reporting				
the tax classification of the single-interneer dwiter.		(Applies to accounts maintained outside the U.S.)				
Other (see Instructions) 5 Address (number, street, and apt, or sulle no.)	I Decurated	name and address (optional)				
Addrass (number, street, and apt, or some no.)	Addester 6 t	issing and address (objicities)				
50 Centre Street 6 City, state, and ZIP code						
B City, state, and ZIP code						
7 List account number(s) here (optional)						
Part I Taxpayer Identification Number (TIN)						
Enter your TIM in the appropriate box. The TIM provided must match the na	ing given by and I to avoid	hal security number				
backup withholding. For individuals, this is generally your social security nu- resident alien, sole proprietor, or disregarded entity, see the Part I instruction						
entitles, it is your employer identification number (EIN). If you do not have a						
TIN on page 3.	or					
Note. If the account is to more than one name, see the instructions for line	and the chart on page 4 for Emi	ployer identification number				
guidalines on whose number to enter.						
	0	4 - 24 5 5 6 4 1				
Part II Certification						
Under penalties of perjury, I certify that:						
1. The number shown on this form is my correct taxpayer identification numbers.	nber (or I am waiting for a number to	be issued to me); and				
2. Lam not subject to backup withholding because: (a) Lam exempt from b	sckup withholding, or (b) I have not i	been notified by the Internal Revenue				
Service (IRS) that I am subject to backup withholding as a result of a fall no longer subject to backup withholding; and	ure to report all interest or dividends	, or (c) the IRS has notified me that I am				
3, 1 am a U.S. citizen or other U.S. person (defined below); and						
4. The FATCA code(s) entered on this form (if any) indicating that I am exer	ant from EATCA reporting is correct.					
Certification instructions. You must cross out item 2 above if you have be	en notified by the IBS that you are c	currently subject to backup withholding				
haceuse you have taked to rend distinct and dividends on your last left	un. For real estate transactions, item	2 does not apply. For mortgage				
interest poid, acquisition or abandonment of secured property, pancellation	of debt, contributions to an individu	al retirement arrangement (IHA), and				
generally, payments other than interest and dividends, you are not required	to sign the certification, but you mu	ist provide your correct tin, see the				
instructions on page 3.						
Here U.S. parson - Robert Marchie	Date > 10	muony 5,2016				
	<del></del>	J				
General Instructions	<ul> <li>Form 1098 (home mortgage Interes (tultion)</li> </ul>	rt), 1098-5 (student loan interest), 1098-7				
Section references are to the Internal Revenue Code unless otherwise noted.	Form 1099-C (canceled debt)					
Future developments, information about developments affecting Form W-9 (such	<ul> <li>Form 1099-A (acquisition or abande</li> </ul>	enment of secured property)				
as fegislation enacted after we release ii) is at www.irs.gov/fw9.	Use Form W-9 only if you are a U.S provide your correct TIN.	B. purson (including a resident allen), to				
Purpose of Form	If you do not return Form W-9 to th	ne requester with a TIN, you might be subject				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN)	to backup withholding. See What is b	packup withholding? on page 2.				
which may be your social security number (SSN), individual taxpayer identification	By signing the filled-out form, you:					
number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to	<ol> <li>Certify that the TIN you are givin to be issued).</li> </ol>	ig is correct (or you are waiting for a number				
you, or other amount reportable on an information return. Examples of information	2. Cently that you are not subject t	to backup withholding, or				
returns include, but are not limited to, the following:		withholding if you are a U.S. exempt payee. If				
Form 1099-INT (interest carned or paid)     Form 1099-INT (interest carned or paid)	applicable, you are also certifying the	at as a U.S. person, your allocable share of				
<ul> <li>Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>	any partnership income from a U.S. t withholding tex on foreign partners's	trade or business is not subject to the share of offectively connected income, and				
Form 1099-B (stock or mutual fund sales and certain other transactions by	4. Certify that FATCA code(s) unler	red on this form (if any) indicating that you are				
ptoyers)	correct. See What is FATCA reporting? on					
<ul> <li>Form 1099-S (proceeds from real details transactions)</li> </ul>	page 2 for further Information.					
<ul> <li>Form 1089-K (merchani card and third party network transactions)</li> </ul>						

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/16/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc.	CONTACT NAME: PHONE	(866) 283-7122	FAX (A/C. No.): (800) 363-0	105	
Boston MA Office One Federal Street Boston MA 02110 USA	(A/C, No. Ext): (800) 283-7122 (A/C, No.): (800) 363-0105  E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED	INSURER A:	Hartford Fire Insuranc	e Co.	19682	
W.B. MASON CO., INC.	INSURER B:	National Fire Ins. Co.	of Hartford	20478	
59 Centre Street Brockton MA 02301 USA	INSURER C:	Trumbull Insurance Com	pany	27120	
	INSURER D:	National Fire & Marine Ins Co		20079	
	INSURER E:	Navigators Insurance (	Co	42307	
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 570065777843 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY		6014468885	09/30/2016	09/30/2017	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
			×			MED EXP (Any one person)	\$15,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
Α	AUTOMOBILE LIABILITY		08 CSE S39802	09/30/2016	09/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY ( Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	ONLY AUTOGONET					Uninsured Motorist	\$300,000
Е	X UMBRELLA LIAB X OCCUR		BO16UMR847288IV		09/30/2016 09/30/2017	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE		SIR applies per policy to		erms & conditions	AGGREGATE	\$10,000,000
	DED X RETENTION						
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		08wns39800	09/30/2016	09/30/2017	X PER OTH-	
	EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		1 2 2 2			E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	Excess Auto Lia		42-xsF-100062-04	09/30/2016	09/30/2017	Each Occurrence	\$3,000,000
							W 45 12 12 12 12 12 12 12 12 12 12 12 12 12

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability Coverag policy.

CERT	IFICA.	TE HO	DER

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Educational Services Commission of New Jersey 1660 Stelton Road Piscataway NJ 08854 USA

Aon Rish Services Northeast Inc.

#### STATE OF NEW JERSEY - DIVISION OF PURCHASE AND PROPERTY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN Bidder/Offeror: W.B.Mason Co. Inc. Ouote Number: ESCNJ #17/18-16 PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX. FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RE Pursuant to Public Law 2012, c. 25, any person or entity that submits a property or of the public to the person or entity that submits a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 is in a person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 is in a person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 is in a person or entity. in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.ni.us/iriasurv/ourchase/odi/Chapter/25/35tot/">http://www.state.ni.us/iriasurv/ourchase/odi/Chapter/25/35tot/</a> Sidders URCH/ must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of taw, sine shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing 92/366/92/ seeking compliance, recovering damages, declaring the party in 1 OR default and seeking debarment or suspension of the party State Treasurer 33 WEST STATE STRE PLEASE CHECK THE APPROPRIATE BOX: I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above our any of the bidder's parents subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibiter activities in Iran pursuant to P.L. 2012, c. 25 ('Chapter' 25 Cert') Truther certify that I am the person listed above, or I am an original list of the person listed above, or I am an original list of the person listed above, or I am an original list of the person listed above, or I am an original list of the person listed above, or I am an original list of the person listed above, or I am an original list of the person listed above. 08624 or representative of the entity listed above and am authorized to make this certification or behalf. I will stip Part 2 and English and CLEAR complete the Certification below. Lt. Governor Telephone (609) 292-4886 / OR I am unable to certify as above because the bidder and/or one or more of its packing the bidder and/or one or more of its packing the bidder and on the bidder and or one or more of its packing the bidder and one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or more of its packing the bidder and or one or the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to require such will result in the property being reprinted as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law. based on credible information PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$12.50 and \$1.00 butters, accurate and precise description of \$1.00 butters, accurate an accurate accurate an accurate an accurate accurate an accurate accurate accurate an accurate acc subsidiaries or affiliates, engaging in the investment activities in Iran outlined at 204 by co25/th@riaptere358 ow. 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 ABOVE TO EACH QUESTION. IF YOU NEED TO MAKE ABOVE TO EACH QUESTION. ACTIVITIES ENTRY BEHR WORLAL Bank Melli Iran Bank Tejarat N/A Name National Iranian Tanker Company (NITC) Description of Activities **Amona** Bank Saderat PLC Duration of Engagement Anticipa@d CesatingStateh Bidder/Offeror Contact Name 9Contalathazne Number Belneftkhim (Belarusneft) China International United Petroleum & Chemicals Co., Ltd. ADD AN ADDITIONAL ACTIVITIES ENTRY (Unipec) Certification: I, being duly sworn upon my oath, hereby represent that the foregoing Internation and rear Interior reals and sense of the complete of the complete acknowledge: that I am authorized to execute this certification on behalf of the bidder, 14/3 - FUT IT IN NATIONAL PROPERTIES IN CORPORATION CORPOR that I am under continuing obligation from the date of this certification through the completion of any contracts with the date of this certification through the completion of any contracts with the date of this certification through the completion of any contracts with the date of this certification through the completion of any contracts with the date of this certification through the completion of any contracts. herein; that I am aware that it is a criminal offense to make a false statement or misrepr China Petroleum & Chemical Comporation (Sinopec that it will constitute a material breach of my agreement(s) with the State, permitting the China Precision Machinery Import-Export Corp. (CPMIEC) Grimley Smith Associates Signature Full Name (Print): Daniel Orr Jr. Do Not Enter PIN as a Signature Title: March 16, 2017 Senior V.P. Date:

List Date: January 30, 2017

## ACCEPTANCE OF BID And CONTRACT AWARD

Furniture & Accessories

#### TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award. Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member. The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue through 7/1/2018 unless terminated, canceled or extended in accordance with N.J.A.C. 18:18A-42. by mutual written agreement.

terminated, canceled or extende	ed in accordance with iv.	7,71,0, 10,740,1	1.1.	
Company Name WB A	ASON CO. INC.		Date 3/16/17	Japanese
Company Address 535 Sec	Auers Rd.	_ City <u>Seenalus</u>	State MJ Zip Code 070	194
Contact Person Stepha	a Savastano		Title GOVERNMENT SALE	5.
Authorized Signature (ink only	/ / /		Title GNERNMENT SALE	£.:
Authorized Signature (this other		>		
ACCEPTANCE OF BID AN	D CONTRACT AWAR	ED BELOW TO BE C	OMPLETED ONLY BY ESC	CNJ
ACCEPTANCE OF BID AN	D CONTROL TO THE			
Awarding Agency: Education Agency Executive: Patrick	M. Moran, SBA/BS	rave		
Awarded this 2 <sup>nD</sup>	day of June 8	017 Contract Number	er <u>ESCNJ 17/18-16</u>	
ESCNJ 17/18-16 Furniture & Accessories	Page 46 of		ch 30, 2017 @ 11:00 a.m.	