

**Pre-Proposal Conference Sign-in Sheet**  
**K21-0052-29 Name of RFP: Attorney Information System (IV&V) Assessment**

Name: <u>Chuck Romose</u> Company: <u>Stellar Services, Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Pam Kelly</u> Company: <u>Ernst &amp; Young, LLP</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Mahid Ameer</u> Company: <u>Valsatech Corp.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Mavenspire / Debbie</u> Company: <u>Mavenspire, Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No

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Name: <u>Hong Jiang</u> Company: <u>Hung Jiang</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Carlisle Davis</u> Company: <u>whitespace LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Konstantine Safer</u> Company: <u>Intelligentum, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Francois Ngiguo</u> Company: <u>Pecu Advanced Technologies LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No

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**K21-0052-29 Name of RFP: Attorney Information System (IV&V) Assessment**

Name: <u>Joanne Briones</u> Company: <u>BETA Systems International</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Angel Foster</u> Company: <u>On Point</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No
Name: <u>Jayaprakash Tedla</u> Company: <u>Apex Informatics</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input checked="" type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Kavin Stokes</u> Company: <u>Orus Group LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No

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<p>Name: <u>James Blaine</u></p> <p>Company: <u>ITnova</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Dionne M. Smith</u></p> <p>Company: <u>dba DSTC, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Name: <u>Dr Boniface Maygad</u></p> <p>Company: <u>BTC Technologies</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Jason M. Cannizzo</u></p> <p>Company: <u>WRMA, Inc.</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Small Business: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>

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**K21-0052-29 Name of RFP: Attorney Information System (IV&V) Assessment**

Name: <u>Grace Opara</u> Company: <u>Peromnet Consult LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Dorothy Grant</u> Company: <u>CIBRETEL</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input checked="" type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input checked="" type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input checked="" type="radio"/> No
Name: <u>Sherron Fulton</u> Company: <u>Momentum, Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input type="radio"/> Yes <input type="radio"/> No
Name: <u>Cedric Toler</u> Company: <u>C.A.K.L Enterprises</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input type="radio"/> Yes <input type="radio"/> No Small Business: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned: <input type="radio"/> Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No

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**K21-0052-29 Name of RFP: Attorney Information System (IV&V) Assessment**

Name: <u>Bill Hall</u> Company: <u>eSource Technologies Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Dan Lopez</u> Company: <u>MLOGICA</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/> Self Certified Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No <input checked="" type="radio"/>
Name: <u>Doris Black-Tomlinson</u> Company: <u>DANAS Technology, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <input checked="" type="radio"/> Yes <input type="radio"/> No Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: Yes <input type="radio"/> No
Name: <u>Justin Smith</u> Company: <u>Midshore Technology Services</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input checked="" type="radio"/> Small Business: Yes <input type="radio"/> No Veteran Owned: Yes <input type="radio"/> No Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No

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<p>Name: <u>Zachary Stauffer</u></p> <p>Company: <u>Voyager Software LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Jessica Parinholt</u></p> <p>Company: <u>AP Ventures LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>
<p>Name: <u>Erica Trice</u></p> <p>Company: <u>Analogy &amp; Associates, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input checked="" type="radio"/> No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>
<p>Name: <u>Kiel Chesley</u></p> <p>Company: <u>Cradle Systems, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input checked="" type="radio"/> Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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**K21-0052-29 Name of RFP: Attorney Information System (IV&V) Assessment**

Name: <u>Laura Kammere</u> Company: <u>Riselle, Inc.</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE:      Yes      No  Small Business:    Yes      No  Veteran Owned:    Yes      No  Veteran Owned Small Business:    Yes      No
Name: <u>Lou Estrada</u> Company: <u>Garner, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE:      Yes      No  Small Business:    Yes      No  Veteran Owned:    Yes      No  Veteran Owned Small Business:    Yes      No
Name: <u>Aparna Iyer</u> Company: <u>Munsai Corporation</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <u>Yes</u> No  Small Business:    Yes      No  Veteran Owned:    Yes      No  Veteran Owned Small Business:    Yes <u>No</u>
Name: <u>Leonard Ozdemir</u> Company: <u>Compass Solutions, LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <u>Yes</u> No  Small Business:    Yes      No  Veteran Owned:    Yes      No  Veteran Owned Small Business:    Yes <u>No</u>



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**K21-0052-29 Name of RFP: Attorney Information System (IV&V) Assessment**

Name: <u>Judy Ely</u> Company: <u>Computer Consultants International, Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:    Yes              No  Veteran Owned:    Yes              No  Veteran Owned Small Business:    Yes              No
Name: <u>Laura Klaverson</u> Company: <u>National center for state courts</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <u>Yes</u> No  Small Business:    Yes              No  Veteran Owned:    Yes              No  Veteran Owned Small Business:    Yes <u>No</u>
Name: <u>Murali Krishna</u> Company: <u>Intellect+Faces Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: <u>Yes</u> No  Small Business:    Yes              No  Veteran Owned:    Yes              No  Veteran Owned Small Business:    Yes <u>No</u>
Name: <u>Rosa John</u> Company: <u>MIRJHARI Inc</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE:      Yes <u>No</u>  Small Business:    Yes              No  Veteran Owned:    Yes <u>No</u>  Veteran Owned Small Business:    Yes <u>No</u>