

State of Arkansas
OFFICE OF STATE PROCUREMENT
1509 West Seventh Street, Room 300
Little Rock, Arkansas 72201-3966
501-324-9316

STATE CONTRACT AWARD

THIS IS A TERM CONTRACT ISSUED BY THE OFFICE OF STATE PROCUREMENT. THIS IS NOT AUTHORITY TO SHIP. A SEPARATE PURCHASE ORDER WILL BE ISSUED. THIS CONTRACT CONSTITUTES ACCEPTANCE OF YOUR BID ALONG WITH ALL TERMS AND CONDITIONS THEREIN AND SIGNIFIES THE OFFERER'S KNOWLEDGE AND ACCEPTANCE OF ALL TERMS AND CONDITIONS SET FORTH WITHIN THE INVITATION FOR BID.

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BUYER:	AMY STODDARD	CONTRACT/BID NO:	SP-06-0013R
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DESCRIPTION: DIGITAL COPIER RENTALS

CONTRACT PERIOD: OCTOBER 01, 2008 THROUGH SEPTEMBER 30, 2009
WITH AN OPTION TO RENEW ON A YEAR TO YEAR BASIS OR A PORTION
THEREOF FOR UP TO THREE (3) ADDITIONAL YEARS

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DELIVERY REQUIREMENTS: 15 DAYS ARO, FOB DESTINATION

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PRICES ARE F.O.B. DESTINATION, INSIDE DELIVERY, UNLESS OTHERWISE SPECIFIED.

INVOICE TO:	PER AGENCY PURCHASE ORDER	DELIVER TO:	PER AGENCY PURCHASE
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CONTRACT AWARD TO:

COMPANY: Canon U.S.A., Inc.
ADDRESS: 2110 Washington Blvd Suite 300
Arlington, VA 22204

CONTACT: Michael Davison
PHONE #: 703-870-3182
FAX #: 703-870-3189
VENDOR #: 100000184
FEDERAL I.D. 13-2561772

EMAIL: pechols@usa.canon.com

STATE OF ARKANSAS OFFICE OF STATE PROCUREMENT

BY:



DATE: October 1, 2008

Commodity: Copier Lease Contract

Renewal: SP-06-0013R

Contractor: Canon U.S.A., Inc.

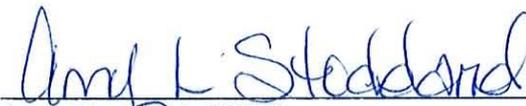
The Office of State Purchasing and above contractor agrees to extend contract SP-06-0013R for a period to run from October 1, 2008 through September 30, 2009. This agreement, the laws of the state of Arkansas and State contract SP-06-0013R respectively constitute the entire agreement of the parties. All terms and conditions as stated in state contract SP-06-0013R respectively will be applicable during the renewal period.



Gary R. Barth
Canon U.S.A., Inc.

9-17-08

Date



Amy Stoddard, CPPB
OSP, Buyer

9-29-2008

Date



Rick Smith, CPPB
OSP, Team Leader

9/29/08

Date



CANON U.S.A., INC.
2110 Washington Blvd , Suite 300
Arlington, VA 22204-5799
Tel.: (703) 807-3400
Fax: (703) 807-3029
www.usa.canon.com

September 19, 2008

State of Arkansas
Attention: Amy Stoddard
Office of State Procurement
1509 W. Seventh Street, Room 300
Little Rock, AR 72201

Dear Ms. Stoddard:

Reference: State of Arkansas Contract # SP-06-0013R

In an ongoing effort to ensure that the State receives continuous quality service, Canon U.S.A., Inc. would like to add three names as authorized contract administrators for the referenced Contract. Please see the additions below:

Name: Gary R. Barth
Title: Vice President
Telephone: 703-807-3105
Email Address: gbarth@cusa.canon.com

Name: Dan McCormack
Title: Director of Marketing
Telephone: 703-807-3268
Email Address: dmccormack@cusa.canon.com

Name: Kathy Aloush
Title: Government Bid Specialist
Telephone: 703-807-3183
Email Address: kaloush@cusa.canon.com

Please let me know if you have any questions by contacting me by telephone at 703-807-3182, by fax at 703-807-3119, or by email at pechols@cusa.canon.com.

Thank you for your assistance in this matter. We appreciate doing business with the State of Arkansas.

Sincerely,

Canon U.S.A., Inc.

Paulette Echols

Paulette Echols
Government Bid Specialist
Government Marketing Division

Contract and Grant Disclosure and Certification Form

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SOCIAL SECURITY NUMBER: _____ FEDERAL ID NUMBER: 13-256-1772 SUBCONTRACTOR: Yes No SUBCONTRACTOR NAME: _____
 TAXPAYER ID #: --- OR 13-256-1772

TAXPAYER ID NAME: CANON U.S.A., INC. IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: 2110 WASHINGTON BLVD., SUITE 300

CITY: ARLINGTON STATE: VA ZIP CODE: 22204 COUNTRY: U.S.A.

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

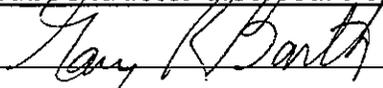
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title Gary R. Barth - Vice President Date 9-17-08
Vendor Contact Person Paulette Echols Title Government Bid Specialist Phone No. 703-807-3182

Agency use only
Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____
