

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Your Office
Dealer Address 6193 Rock Island Road, #306
City, State, Zip Code Tamarac, FL 33319
Office Phone/Fax PH: 954-326-8219
Email Address: YourOfficeFL@aol.com
Contact Person: Chuck Williams
Vendor Tax ID Number 20-1359939

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Juliana Sharkey _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #954-240-3809 _____
Email address: jsharkey@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name American Office Systems
Dealer Address 329 Central Avenue
City, State, Zip Code Sarasota, FL 34236
Office Phone/Fax PH#941-954-2050 FAX#941-954-2067
Email Address aosystems@snworks.com
Contact Person Walter Baldwin
Vendor Tax ID Number 59-1502834

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____

Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Apricot Office Furniture
Dealer Address 7050 State Road 84, Suite 16
City, State, Zip Code Ft. Lauderdale, FL 33317
Office Phone/Fax 954-618-0331
Email Address lesleybennet@apricotos.com
Contact Person Lesley Bennet
Vendor Tax ID Number 59-2663744

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL# 305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name B & B Office Equipment Inc.
Dealer Address 217 E New Haven Avenue
City, State, Zip Code Melbourne, FL 32901
Office Phone/Fax PH#321-723-9298 FAX#321-724-2046
Email Address bryanbenell@cs.com
Contact Person Bryan Benell
Vendor Tax ID Number 59-1575092

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Capital Business Interiors, Inc. / Minority
Dealer Address 132 Hamilton Park Drive
City, State, Zip Code Tallahassee, FL 32304
Office Phone/Fax PH#850-383-4225
Email Address
Contact Person Andy Fink
Vendor Tax ID Number 59-3714891

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Contract Resources
Dealer Address 30 E. Cedar Street
City, State, Zip Code Pensacola, FL 32593-0527
Office Phone/Fax PH#850-469-1272
Email Address
Contact Person Donna Pagel
Vendor Tax ID Number 59-3030197

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Corporate Design Choice
Dealer Address 11001 N. W. 33 St.
City, State, Zip Code Miami, FL 33172
Office Phone/Fax PH 305-716-9990
Email Address shawnmacmullin@bellsouth.net
Contact Person Shawn Macmullin
Vendor Tax ID Number 65-0029534

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, Fl 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL: 305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Corporate Design Systems
Dealer Address 427 West Garden Street
City, State, Zip Code Pensacola, FL 32502
Office Phone/Fax PH#850-432-8702
Email Address
Contact Person Melissa Ring
Vendor Tax ID Number 59-3051696

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Corporate Express
Dealer Address 1096 E. Newport Center Drive, Suite 200
City, State, Zip Code Deerfield Beach, FL 33442
Office Phone/Fax PH 954-379-5500
Email Address
Contact Person
Vendor Tax ID Number 84-1248716

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, Fl 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL: 305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Designer's Service Bureau
Dealer Address 15951 S. W. 41 St., Suite 200
City, State, Zip Code Ft. Lauderdale, FL 33331
Office Phone/Fax PH 954-385-6696
Email Address
Contact Person
Vendor Tax ID Number 59-1282566

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, Fl 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL: 305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Designers West
Dealer Address 200 S. Harbour City Blvd., Suite 103
City, State, Zip Code Melbourne, FL 32901
Office Phone/Fax PH#321-676-2207 FAX#321-676-3678
Email Address dwimelb@aol.com
Contact Person Adrienne Chandler
Vendor Tax ID Number 59-3127950

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd., #104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name DOCS
Dealer Address 1951 Raymond Diehl Business Lane
City, State, Zip Code Tallahassee, FL 32308
Office Phone/Fax PH#850-385-5555
Email Address
Contact Person Michelle Bembry
Vendor Tax ID Number 59-2886564

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Florida Office Interiors, Inc.
Dealer Address 8130 Bayberry Road
City, State, Zip Code Jacksonville, FL 32256
Office Phone/Fax PH#904-731-0063
Email Address
Contact Person Chris Scully
Vendor Tax ID Number 59-2975135

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Gulf Coast Office Products
Dealer Address 826 Creighton Road, Suite B-104
City, State, Zip Code Pensacola, FL 32504-7097
Office Phone/Fax PH#850-434-5588
Email Address
Contact Person Mike Johnson
Vendor Tax ID Number 63-0967274

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Herman Miller Workplace Resource
Dealer Address 255 Alhambra Circle, Suite 120
City, State, Zip Code Coral Gables, FL 33134
Office Phone/Fax PH 305-448-9360
Email Address
Contact Person
Vendor Tax ID Number 65-0799515

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, Fl 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL: 305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Herman Miller Workplace Resource
Dealer Address 3521 Enterprise Way
City, State, Zip Code Miramar, FL 33025
Office Phone/Fax PH 954-322-1599
Email Address
Contact Person
Vendor Tax ID Number 65-0799515

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, Fl 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL: 305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Hustons
Dealer Address 1000 SE Monterey Commons/Suite 102
City, State, Zip Code Stuart, FL 34996
Office Phone/Fax PH#772-283-4608/FAX#772-283-4628
Email Address ehustons@fdn.com
Contact Person Bob D'Amato
Vendor Tax ID Number 65-1080306

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Integrated Facility Systems
Dealer Address 629 West Brevard Street
City, State, Zip Code Tallahassee, FL 32304
Office Phone/Fax PH#850-536-0888
Email Address
Contact Person Chris Kearney
Vendor Tax ID Number 59-3522598

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Interior Design Services
Dealer Address 6771 Professional Parkway W.
City, State, Zip Code Sarasota, FL 34240
Office Phone/Fax PH#941-954-0791 FAX#941-953-3299
Email Address nicolezf@ids-fl.com
Contact Person Nicole Zee
Vendor Tax ID Number 59-1676045

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name J.C. White
Dealer Address 3501 Commerce Parkway
City, State, Zip Code Miramar, FL 33025
Office Phone/Fax PH#561-848-4982/FAX# 954-785-2818
Email Address steve.kahn@jcwhite.com
Contact Person Steve Kahn
Vendor Tax ID Number 59-1851050

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

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Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name J.C. White
Dealer Address 7479 Central Industrial Drive
City, State, Zip Code West Palm Beach, FL 33069
Office Phone/Fax PH#561-848-4982 FAX#561-848-8219
Email Address jim.marzano@jcwhite.com
Contact Person Jim Marzano
Vendor Tax ID Number 59-1851050

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Library Interiors
Dealer Address 20685 N. W. 26th Court
City, State, Zip Code Boca Raton, Fl 33434
Office Phone/Fax PH#561-883-7727 FAX#561-883-7728
Email Address bobgrant@adelphia.net
Contact Person Bob Grant
Vendor Tax ID Number 58-1877256

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Southern Florida _____

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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name M Hanson
Dealer Address 1626 A North Federal Way
City, State, Zip Code Ft Lauderdale, FL 33305
Office Phone/Fax PH: 954-630-1500
Email Address: jane@mhansonco.com
Contact Person: Mark Hanson (Asst Jane Mosley)
Vendor Tax ID Number 65-0431135

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Juliana Sharkey _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #954-240-3809 _____
Email address: jsharkey@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name NBB
Dealer Address 6500 N. Powerline Road
City, State, Zip Code Ft. Lauderdale, FL 33309
Office Phone/Fax PH: 954-351-8889
Email Address
Contact Person
Vendor Tax ID Number 65-0447243

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
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SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name OE&S
Dealer Address 1524 San Marco Blvd.
City, State, Zip Code Jacksonville, FL 32241
Office Phone/Fax PH#904-398-9761
Email Address
Contact Person Cyndie Brake
Vendor Tax ID Number 59-0702086

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name OEC Business Interiors, Inc.
Dealer Address 2393 SW College Road
City, State, Zip Code Ocala, FL 34474
Office Phone/Fax PH#352-620-2888
Email Address
Contact Person Alfredo Alvarado
Vendor Tax ID Number 59-2866517

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name OEC Business Interiors, Inc.
Dealer Address 1601 NW 80th Blvd.
City, State, Zip Code Gainesville, FL 32606
Office Phone/Fax PH#351-322-1192
Email Address
Contact Person Alfredo Alvarado
Vendor Tax ID Number 59-2866517

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Office Dimensions
Dealer Address 2 N. E. 39 St.
City, State, Zip Code Miami, FL 33137
Office Phone/Fax PH: 305-576-7550
Email Address
Contact Person Michael Lawson
Vendor Tax ID Number 65-0025931

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Office Elements, Inc.
Dealer Address 2824 Centerport Circle
City, State, Zip Code Pompano Beach, FL 33064
Office Phone/Fax PH: 954-782-1855
Email Address
Contact Person
Vendor Tax ID Number 65-0940785

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Office Furniture Warehouse
Dealer Address 2099 W. Atlantic Blvd.
City, State, Zip Code Pompano Beach, FL 33069
Office Phone/Fax PH: 954-968-4700
Email Address andy@officefurnitureonline.com
Contact Person Andy
Vendor Tax ID Number 65-0194300

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Office Interiors of Florida
Dealer Address 10800 NW 103 Street, Suite 1
City, State, Zip Code Miami, FL 33178
Office Phone/Fax PH: 305-887-4881
Email Address: Rchoquette@oiflorida.com
Contact Person: Roger Choquette
Vendor Tax ID Number 32-0129648

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Juliana Sharkey _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #954-240-3809 _____
Email address: jsharkey@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Perdue Office Interiors, Inc.
Dealer Address 8443 Baymeadows Road
City, State, Zip Code Jacksonville, FL 32256
Office Phone/Fax PH#904-737-5858
Email Address
Contact Person Ann Stine Sapp
Vendor Tax ID Number 59-2347840

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Pradere
Dealer Address 7655 West 20 Avenue
City, State, Zip Code Hialeah, FL 33014
Office Phone/Fax PH: 305-823-0190
Email Address: michelle@praderemfg.com
Contact Person: Michelle Pradere
Vendor Tax ID Number 59-1423861

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Juliana Sharkey _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #954-240-3809 _____
Email address: jsharkey@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name The Office Image
Dealer Address 28190 Old 41 Road, Suite 101
City, State, Zip Code Bonita Springs, FL 34135
Office Phone/Fax PH#239-949-7170 FAX#239-949-7176
Email Address steve@officeimage.com
Contact Person Steve Emens
Vendor Tax ID Number 65-0377788

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd., #104 _____
Jupiter, FL 33458 _____

Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Thomas W. Ruff
Dealer Address 3201 Commerce Parkway
City, State, Zip Code Miramar, FL 33025
Office Phone/Fax PH: 954-435-7212
Email Address demerick@thomasruff.com
Contact Person
Vendor Tax ID Number 73-1739488

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Randy Bierman _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #305-525-2015 _____
Email address: rbierman@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Thomas W. Ruff
Dealer Address 7830 Byron Drive/Suite 2
City, State, Zip Code West Palm Beach, FL 33069
Office Phone/Fax PH#561-840-8600 FAX#561-840-1873
Email Address lgrant@thomasruff.com
Contact Person Lori Grant
Vendor Tax ID Number 73-1739488

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Today's Business Interiors
Dealer Address 1001 Clint Moore Road/Suite 101
City, State, Zip Code Boca Raton,FL 33487
Office Phone/Fax PH#561-241-8499 FAX#561-241-8144
Email Address sanjay@todays-business.com
Contact Person Sanjay Moonasar
Vendor Tax ID Number 65-0331108

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Total Office Solutions, Inc.
Dealer Address 4301 Emerson Street
City, State, Zip Code Jacksonville, FL 32207
Office Phone/Fax PH#904-353-4020
Email Address
Contact Person Mark Chappell
Vendor Tax ID Number 59-3444802

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Unisource Group
Dealer Address 2034 Harvard Street
City, State, Zip Code Sarasota, FL 34237
Office Phone/Fax PH#941-955-6633 FAX#941-955-5338
Email Address nclark@unisourcegroup.com
Contact Person Neil Clark
Vendor Tax ID Number 65-0068199

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Workplace Resource of North Florida
Dealer Address 8999 Western Way, Suite 106
City, State, Zip Code Jacksonville, FL 32256
Office Phone/Fax PH#904-858-9918
Email Address
Contact Person Chris Fahey
Vendor Tax ID Number 65-0799515

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Dorrie Felder _____
Position title: Cabot Wrenn Sales Representative _____
Address: D.R. Felder, LLC _____
PO Box 24599 _____
Jacksonville, FL32241 _____
Office phone / fax: PH#904-268-0739 FAX#904-262-7452 _____
Cell phone / pager: CELL#904-716-9553 _____
Email address: drfelder@comcast.net _____
Geographic area of territory: Northern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Workplace Resources
Dealer Address 6140 Mid Metro Drive/Unit 4
City, State, Zip Code Fort Myers, FL 33912
Office Phone/Fax PH#239-278-5588 FAX#239-278-1627
Email Address jonathan_james@hermanmiller.com
Contact Person Jonathan James
Vendor Tax ID Number 65-0799515

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Workscapes South LLC
Dealer Address 632 S Federal Hwy
City, State, Zip Code Ft Lauderdale, FL 33301
Office Phone/Fax PH: 954-467-2686
Email Address: ddvorak@workscapes.com
Contact Person: Richard Dvorak
Vendor Tax ID Number 59-3688363

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Juliana Sharkey _____
Position title: Cabot Wrenn Sales Representative _____
Address: The Bierman Group _____
3400 Griffin Road _____
Dania, FL 33312 _____
Office phone / fax: PH: 954-894-6662 FAX: 954-894-6665 _____
Cell phone / pager: CELL #954-240-3809 _____
Email address: jsharkey@thebiermangroup.com _____
Geographic area of territory: Southern Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name A.B.I.
Dealer Address 2015 S Waverly Place
City, State, Zip Code Melbourne, FL 32901
Office Phone/Fax PH#321-723-5003 FAX#321-984-4221
Email Address carolet@abinteriors.com
Contact Person Carole Tucker
Vendor Tax ID Number 59-1229162

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Tom Eckes _____
Position title: Cabot Wrenn Sales Representative _____
Address: 839 University Blvd.,#104 _____
Jupiter, FL 33458 _____
Office phone / fax: PH#561-575-5705 FAX# 561-575-3750 _____
Cell phone / pager: CELL#561-389-5065 _____
Email address: tomeckes@aol.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Beaux-Arts Group**
Dealer Address **8408 Benjamin Road**
City, State, Zip Code **Tampa, FL 33634**
Office Phone/Fax **813.889.8757 Fax; 813.880.8686**
Email Address **AAdams@TBAG.com**
Contact Person **Anne Adams, V.P. Principal**
Vendor Tax ID Number **59 2783867**
Spurs # F592783867

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, FL 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Corporate Interiors**
Dealer Address **1723 Commerce Avenue N**
City, State, Zip Code **St. Petersburg, Fl 33716**
Office Phone/Fax **727.539.7544 Fax 727.539.1262**
Email Address **dmarshall@corporateinteriorsinc.com**
Contact Person **Drew Marshall, President**
Vendor Tax ID Number **26-3411087**

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, Fl 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Commercial Design Services**
Dealer Address **5805 Barry Road**
City, State, Zip Code **Tampa, Fl**
Office Phone/Fax **813.886.0580 Fax 813.884.6200 Main**
Email Address **sdavis@cdstampa.com**
Contact Person **Stewart Davis,III, President**
Vendor Tax ID Number **59-2925127**
Spurs # **F59-2925127-001**

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, Fl 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Holmes & Brakel International, Inc.**
Dealer Address **3901 Coconut Palm Drive, Suite 102**
City, State, Zip Code **Tampa, FL 33619**
Office Phone/Fax **813.229.6869; 813.229.2699 fax**
Email Address **rrobinson@holmesbrakel.com**
Contact Person **Rob Robinson, General Manager**
Vendor Tax ID Number **59-3477771**

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, FL 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Workplace Resource - Tampa**
Dealer Address **9302 Florida Palm Drive**
City, State, Zip Code **Tampa, FL 33619**
Office Phone/Fax **813.620.0048; 813.620.1477 fax**
Email Address **Susan_Snare@WorkplaceResource.com**
Contact Person **Susan Snare, General Manager**
Vendor Tax ID Number **65.079.9515**
Spurs: F65.079.9515-008

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, FL 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Florida Business Interiors
Dealer Address 940 Williston Park Point
City, State, Zip Code Lake Mary, FL 32746
Office Phone/Fax PH 407-805-9911 FAX 407-805-9966
Email Address dbowman@4fbi.com
Contact Person: Dennis Bowman, VP Sales
Vendor Tax ID Number 59-3151825

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Kevin Hudson _____
Position title: Cabot Wrenn Sales Representative _____
Address: 406 Country Wood Circle _____
Lake Mary, FL 32746 _____
Office phone / fax: 407-302-8143 _____
Cell phone / pager: 407-687-1249 _____
Email address: Kt_Hudson@hotmail.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Interior Contract Services
Dealer Address 3939 N. John Young Parkway, Suite 100
City, State, Zip Code Orlando,FL 32804
Office Phone/Fax PH 407-294-4141 FAX 407-294-1477
Email Address lweed@interiorcontract.com
Contact Person: Larry Weed, President
Vendor Tax ID Number 59-2343039

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Kevin Hudson _____
Position title: Cabot Wrenn Sales Representative _____
Address: 406 Country Wood Circle _____
Lake Mary, FL 32746 _____

Office phone / fax: 407-302-8143 _____
Cell phone / pager: 407-687-1249 _____
Email address: Kt_Hudson@hotmail.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Workplace Resource
Dealer Address 7414 Kingspointe Parkway, Suite 700
City, State, Zip Code Orlando,FL 32819
Office Phone/Fax PH 407-352-8021 FAX 407-352-8228
Email Address sdedwards@workplaceresource.com
Contact Person: Steven Edwards
Vendor Tax ID Number 65-0799515

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Kevin Hudson _____
Position title: Cabot Wrenn Sales Representative _____
Address: 406 Country Wood Circle _____
Lake Mary, FL 32746 _____
Office phone / fax: 407-302-8143 _____
Cell phone / pager: 407-687-1249 _____
Email address: Kt_Hudson@hotmail.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Workscapes
Dealer Address 1040 Arlington Street
City, State, Zip Code Orlando, FL 32805
Office Phone/Fax PH 407-599-6770 FAX 407-599-6780
Email Address mroberson@workscapes.com
Contact Person: Mickey Roberson, Gen'l Mgr.
Vendor Tax ID Number 59-3503347

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Kevin Hudson _____
Position title: Cabot Wrenn Sales Representative _____
Address: 406 Country Wood Circle _____
Lake Mary, FL 32746 _____
Office phone / fax: 407-302-8143 _____
Cell phone / pager: 407-687-1249 _____
Email address: Kt_Hudson@hotmail.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Thomas W. Ruff & Company
Dealer Address 911 South Orlando Ave.
City, State, Zip Code Maitland, FL 32751
Office Phone/Fax PH 800-579-7833 FAX 407-628-8941
Email Address
Contact Person: Teresa Wood
Vendor Tax ID Number 33-1113787

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Kevin Hudson _____
Position title: Cabot Wrenn Sales Representative _____
Address: 406 Country Wood Circle _____
Lake Mary, FL 32746 _____
Office phone / fax: 407-302-8143 _____
Cell phone / pager: 407-687-1249 _____
Email address: Kt_Hudson@hotmail.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name Library Interiors of Florida, Inc.
Dealer Address 7345 West Sand Lake Rd/Suite 217
City, State, Zip Code Orlando, FL 32819
Office Phone/Fax PH 407-352-6160/FAX 407-352-6031
Email Address jasinko@bellsouth.net
Contact Person Jeff Sienkiewicz
Vendor Tax ID Number 58-1877256

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Kevin Hudson _____
Position title: Cabot Wrenn Sales Representative _____
Address: 406 Country Wood Circle _____
Lake Mary, Fl 32746 _____

Office phone / fax: PH 407-302-8143 _____
Cell phone / pager: Cell 407-687-1249 _____
Email address: Kt_Hudson@hotmail.com _____
Geographic area of territory: Central Florida _____

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Library Interiors of Florida, Inc.**
Dealer Address **18302 Highwood Preserve Pkwy – Suite 330**
City, State, Zip Code **Tampa, FL 33647**
Office Phone/Fax **813.977.6805; 813.977.6806 fax**
Email Address **Jeff Hunt**
Contact Person **jhunt@libraryinteriorsflorida.com**
Vendor Tax ID Number **58.187 7256**
Spurs: F58.187.7256

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, FL 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Commercial Design Services (CDS)**
Dealer Address **4343 N. Frontage Rd**
City, State, Zip Code **Lakeland, Fl**
Office Phone/Fax **863.393.9385 Fax 863.393.9380 Main**
Email Address **lmowrev@cdstampa.com or kbarben@cdstampa.com**
Contact Person **Laurie Mowry or Karen Barben**
Vendor Tax ID Number **59-2925127**
Spurs # **59-2925127-001**

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Lynn S. Smith** _____
Position title: **Manufacturer's Representative** _____
Address: **7296 Marathon Dr., Unit 301B, Seminole, Fl 33777** _____

Office phone / fax: **727.391.5154** _____
Cell phone / pager: **727.743.7977** _____
Email address: **LSmith458@Tampabay.rr.com** _____
Geographic area of territory: **Tampa, St. Petersburg, Clearwater, Lakeland, Florida** _____

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**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name **Accent Office Interiors**
Dealer Address **2108-3 Gilliam Ln.**
City, State, Zip Code **Tallahassee, FL 32308**
Office Phone/Fax **850-386-5201**
Email Address _____
Contact Person _____
Vendor Tax ID Number **65-0352011**

MANUFACTURER REPRESENTATION

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: **Dorrie Felder** _____
Position title: **Manufacturer's Representative** _____
Address: **11358 Tacito Creek Drive South, Jacksonville FL, 32241** _____

Office phone / fax: **904-268-0739 / 904-262-7452** _____
Cell phone / pager: **904-716-9553** _____
Email address: **drfelder@comcast.net** _____
Geographic area of territory: **Jacksonville/Panhandle Area** _____

THIS FORM MAY BE DUPLICATED AS NECESSARY