



Department of General Services  
Procurement Division  
707 Third Street, 2<sup>nd</sup> Floor  
West Sacramento, CA 95605-2811

State of California  
**MULTIPLE AWARD SCHEDULE**  
**SUPPLEMENT NO. 13**  
RGB Systems Inc. *dba*  
**EXTRON ELECTRONICS**

3-07-70-2382A -	Brand-Extron Controller-Facility Management Data Commun-Fiber Component Data Commun-Processor Multi-Media Program Kits Projection-Accessories Projection-Cables Projection-Interface Intercom-Audio/Video Video Equipment-Audio Audio/Video-Switching Systems
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*(Above descriptions for marketing purposes only. Review contract for products/services available.)*

CONTRACT NUMBER:	3-07-70-2382A
CMAS TERM DATES:	6/29/2009 through 9/30/2012
DISTRIBUTION:	STATEWIDE

(This CMAS Contract is based on GSA Contract No. GS-35F-4545G held by Extron Electronics)

The purpose of this contract supplement is to incorporate the following change:

- 1) Add Decotech Systems, Inc. as an authorized dealer on this contract. See page 2 for ordering information.

All other contract terms, conditions, and provisions remain the same.

  
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BRUCE FONG, Program Analyst, California Multiple Award Schedules Unit

Effective Date: **12/2/2009**

**CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS)  
EXTRON ELECTRONICS  
CMAS NO. 3-07-70-2382A, SUPPLEMENT NO. 13**

**ISSUE PURCHASE ORDER TO:**

Orders may be placed with Extron Electronics, Inc. or with an Authorized Dealer as indicated below:

Orders placed with Extron Electronics, Inc. should be addressed as follows:

Extron Electronics  
1230 South Lewis Street  
Anaheim, CA 92805  
Attn: Kellie Herrera

Agencies with questions regarding products and/or services may contact the contractor as follows:

Phone: 800/633-9873  
Fax: 800/633/9870

Orders placed with an Authorized Dealer must be addressed as follows, and payment may be made payable to the Authorized Dealer identified on the invoice as shown below:

**SUBMIT ORDERS TO:**

Extron Electronics  
c/o Decotech Systems, Inc.  
2151 Salvio Street, Ste. 260  
Concord, CA 94520  
Contact: Lisa Joubert

Phone: (925) 288-9600  
Fax: (925) 288-9603  
Email: lisaj@decotech.com

For invoicing purposes, each State Accounting office must have a copy of the reseller's Payee Data Record (Std. 204) in order to process payment of the invoice. Agencies should forward a copy of the Std. 204 to their respective accounting office. Without the Std. 204, payment may be unnecessarily delayed.

**AUTHORIZED RESELLERS ARE RESPONSIBLE FOR  
SENDING A COPY OF ALL PURCHASE ORDERS TO  
EXTRON ELECTRONICS FOR CMAS QUARTERLY  
REPORTING REQUIREMENTS.**

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9)  
 STF 294 (Rev. 5/2003)

<b>1</b>	<p><b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p><b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>								
<b>2</b>	<p><b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print)                  DecoTech Systems, Inc.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)</td> <td><b>E-MAIL ADDRESS</b> debbich@decotech.com</td> </tr> <tr> <td><b>MAILING ADDRESS</b> 2151 Salvia St. #260</td> <td><b>BUSINESS ADDRESS</b> 2151 Salvia St. #260</td> </tr> <tr> <td><b>CITY, STATE, ZIP CODE</b> Concord CA 94520</td> <td><b>CITY, STATE, ZIP CODE</b> Concord CA 94520</td> </tr> </table>			<b>SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)	<b>E-MAIL ADDRESS</b> debbich@decotech.com	<b>MAILING ADDRESS</b> 2151 Salvia St. #260	<b>BUSINESS ADDRESS</b> 2151 Salvia St. #260	<b>CITY, STATE, ZIP CODE</b> Concord CA 94520	<b>CITY, STATE, ZIP CODE</b> Concord CA 94520
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<b>3</b>	<p><b>PAYEE ENTITY TYPE</b></p> <p><input type="checkbox"/> PARTNERSHIP      <input type="checkbox"/> CORPORATION:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)  <input type="checkbox"/> LEGAL (e.g., attorney services)  <input type="checkbox"/> EXEMPT (nonprofit)  <input checked="" type="checkbox"/> ALL OTHERS                 </p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p> <p><b>ENTER SOCIAL SECURITY NUMBER:</b>      [ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]</p> <p style="text-align:center; font-size:small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>	<p><b>NOTE:</b>                  Payment will not be processed without an accompanying taxpayer I.D. number</p>							
<b>4</b>	<p><b>PAYEE RESIDENCY STATUS</b></p> <p><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California  <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.                 </p>								
<b>5</b>	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) Kebra Hickson</td> <td><b>TITLE</b> Corporate Secretary</td> </tr> <tr> <td><b>SIGNATURE</b> <i>[Signature]</i></td> <td><b>DATE</b></td> <td><b>TELEPHONE</b></td> </tr> </table>			<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) Kebra Hickson		<b>TITLE</b> Corporate Secretary	<b>SIGNATURE</b> <i>[Signature]</i>	<b>DATE</b>	<b>TELEPHONE</b>
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<b>6</b>	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>								