

Pre-Proposal Conference Sign-in Sheet
K21-0044-29 – Maryland Judiciary Online Dispute Resolution Assessment

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<p>Name: <u>International Software Systems, Inc</u></p> <p>Company: <u>Sajan Ahuja, Milanjana</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: Yes <u>No</u></p> <p>Veteran Owned: Yes <u>No</u></p> <p>Veteran Owned Small Business: Yes <u>No</u></p>
<p>Name: <u>Mamatha Chittireddy</u></p> <p>Company: <u>Client Software Services, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: <u>Yes</u> No</p> <p>Veteran Owned: <u>Yes</u> No</p> <p>Veteran Owned Small Business: Yes <u>No</u></p>
<p>Name: <u>Francois Ngijoi</u></p> <p>Company: <u>New Advanced Technologies</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: Yes <u>No</u></p> <p>Veteran Owned: Yes <u>No</u></p> <p>Veteran Owned Small Business: Yes <u>No</u></p>
<p>Name: <u>Theresa Boyle</u></p> <p>Company: <u>A P 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: Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>

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②

<p>Name: <u>Emmanuel Apau</u></p> <p>Company: <u>Apau, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: Yes <u>No</u></p> <p>Veteran Owned: Yes <u>No</u></p> <p>Veteran Owned Small Business: Yes <u>No</u></p>
<p>Name: <u>Umesh Pokhrel</u></p> <p>Company: <u>EDB Services</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes <u>No</u></p> <p>Veteran Owned Small Business: Yes <u>No</u></p>
<p>Name: <u>Orin Clay & Makala Brent</u></p> <p>Company: <u>JBOR Group, LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <u>Yes</u> No</p> <p>Small Business: <u>Yes</u> No</p> <p>Veteran Owned: <u>Yes</u> No</p> <p>Veteran Owned Small Business: <u>Yes</u> No</p>
<p>Name: <u>Justin Smith</u></p> <p>Company: <u>Midshore Technology Services</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>

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<p>Name: <u>George Hardy, Nanci' Tascara</u></p> <p>Company: <u>DF Consulting, 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: Yes <input checked="" type="radio"/> 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>Alex Zilberfajn, Scott Crumpton</u></p> <p>Company: <u>IntreSYS</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 checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>Name: <u>Chris Cody, Andy Mohr</u></p> <p>Company: <u>Matterhorn by Court</u></p> <p>Address: <u>Innovations</u></p> <p>City: <u>Michael Fodor</u></p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: <input 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>Erik Threlk, Kon Ancker, Kathleen Degnan</u></p> <p>Company: <u>Veteran Technology Leaders 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 checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Veteran Owned Small Business: <input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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<p>Name: <u>Konstantine Soler</u></p> <p>Company: <u>Intelligentum, 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 <input checked="" type="radio"/> 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>Ali Sinan</u></p> <p>Company: <u>Cybertech Engineering Solutions, 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 <input checked="" type="radio"/> 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>Joshua Wright, Denise Wright</u></p> <p>Company: <u>Precise Secure Solutions</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: <input checked="" type="radio"/> Yes No</p> <p>Veteran Owned: <input checked="" type="radio"/> Yes No</p> <p>Veteran Owned Small Business: <input checked="" type="radio"/> Yes No</p>
<p>Name: <u>Matt Whitaker</u></p> <p>Company: <u>Tyler Technologies, Inc</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes No</p> <p>Small Business: Yes No</p> <p>Veteran Owned: Yes No</p> <p>Veteran Owned Small Business: Yes No</p>

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<p>Name: <u>Amber Schad, Christopher Jacoby</u></p> <p>Company: <u>GCOM Software</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 <input checked="" type="radio"/> 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>Ned Barajian, JP & Simon</u></p> <p>Company: <u>Web INTENSIVE 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 <input checked="" type="radio"/> 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>Paul Embley, Diana Graski, Patti Snell</u></p> <p>Company: <u>National Center for State Courts</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 <input checked="" type="radio"/> 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>Dionne M. Smith</u></p> <p>Company: <u>D. Smith Technology & Consulting, LLC 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: Yes <input type="radio"/> No</p> <p>Veteran Owned: Yes <input checked="" type="radio"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="radio"/> No</p>

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Name: <u>Hong Jiang</u> Company: <u>JY Advisory, 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 checked="" type="radio"/> No Veteran Owned: Yes <input checked="" type="radio"/> No Veteran Owned Small Business: Yes <input checked="" type="radio"/> No
Name: <u>Paul Wieser</u> Company: <u>MTG Management Consultants LLC</u> Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input type="radio"/> Small Business: Yes <input type="radio"/> No <input type="radio"/> Veteran Owned: Yes <input checked="" type="radio"/> No <input type="radio"/> Veteran Owned Small Business: Yes <input checked="" type="radio"/> No <input type="radio"/>
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input type="radio"/> Small Business: Yes <input type="radio"/> No <input type="radio"/> Veteran Owned: Yes <input type="radio"/> No <input type="radio"/> Veteran Owned Small Business: Yes <input type="radio"/> No <input type="radio"/>
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes <input type="radio"/> No <input type="radio"/> Small Business: Yes <input type="radio"/> No <input type="radio"/> Veteran Owned: Yes <input type="radio"/> No <input type="radio"/> Veteran Owned Small Business: Yes <input type="radio"/> No <input type="radio"/>