

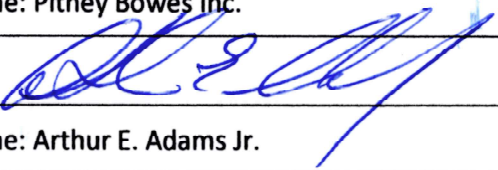
STATE OF ILLINOIS

CONTRACT AMENDMENT

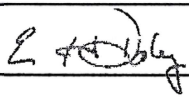
The undersigned Agency and Vendor, Pitney Bowes Inc., (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Amendment to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

VENDOR

Vendor Name: Pitney Bowes Inc.	Address: 3001 Summer Street Stamford, CT 06926
Signature: 	Phone: 203-512-8420
Printed Name: Arthur E. Adams Jr.	Fax: 203-480-3827
Title: Director, Government Contract	Email: Art.adams@pb.com
Date: April 14, 2022	

STATE OF ILLINOIS

Procuring Agency: State of Illinois Chief Procurement Officer for General Services	Phone: (217) 558-2231
Street Address: 401 South Spring Street, Suite 520, Stratton Office Building	Fax: (217) 558-1399
City, State ZIP: Springfield, Illinois 62706	
Official Signature: 	Date: May 2, 2022
Printed Name: Ellen H. Daley	
Official's Title: Chief Procurement Office for General Services	
Legal Signature:	Date:
Legal Printed Name:	
Legal's Title:	
Fiscal Signature:	Date:
Fiscal's Printed Name:	
Fiscal's Title:	

STATE USE ONLY**NOT PART OF CONTRACTUAL PROVISIONS**

PBC#	Project Title	JPMC NVP Mailroom Equipment
Contract #18CPOGS003	Procurement Method (IFB, RFP, Small, etc):	
IPB Ref. # #18-510CPOGS-CPOGS-P-1799	IPB Publication Date:	Award Code:
Subcontractor Utilization? ☐ Yes X No		
Subcontractor Disclosure? ☐ Yes X No		
Funding Source	Obligation #	
CPO 33 – General Counsel Approval:		
Signature	Printed Name	Date

1. **CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): The Chief Procurement Office and Pitney Bowes Inc. are extending contract #18CPOGS003 (18-510CPOGS-CPOGS-P-1799) for Mailroom Equipment. This is a joint purchase master contract available to governmental units and qualified not-for-profits

2. **CHANGE ORDER:** Is this amendment a change order as defined in 30 ILCS 500/1-15.12 and 720 ILCS 5/33E?

☒ Yes ☐ No

3. **DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):

3.1. The completion date will be ☒ extended, ☐ shortened or ☐ remain the same.

3.1.1. Original completion date: May 14, 2022.

3.1.2. Revised completion date: December 31, 2022.

3.2. The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will ☒ stay the same or ☐ change as follows: N/A

3.3. The cost will be ☐ increased, ☐ decreased or ☒ remain the same.

3.3.1. Original cost: \$N/A.

3.3.2. Amount of change: N/A.

3.3.3. Revised cost: N/A.

3.4. The supplies or services to be provided will ☒ stay the same or ☐ be changed as follows: [Click here to enter text..](#)

3.5. Subcontractors are being ☐ added, ☐ deleted, or ☒ remain the same?

- Subcontractor Name: NONE

☐ added ☐ deleted

Amount to be paid: N/A

Address: N/A

Description of work: N/A

- Subcontractor Name: NONE

☐ added ☐ deleted

Amount to be paid: N/A

Address: N/A

Description of work: N/A

- 3.5.1. All contracts with the subcontractors identified above must include the Standard Certifications and Financial Disclosures and Conflicts of Interest completed and signed by the subcontractor.
- 3.5.2. If the annual value of any of the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
- 3.5.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 3.5.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

4. EFFECTIVE DATE OF AMENDMENT: Date of execution.

STATE OF ILLINOIS

TAXPAYER IDENTIFICATION NUMBER

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: N/A

Business Name: Pitney Bowes Inc.

Taxpayer Identification Number:

Social Security Number: N/A

or

Employer Identification Number : 06-0495050

Legal Status (check one):

☐ Individual

☐ Governmental

☐ Sole Proprietor

☐ Nonresident alien

☐ Partnership

☐ Estate or trust

☐ Legal Services Corporation

☐ Pharmacy (Non-Corp.)

☐ Tax-exempt

☐ Pharmacy/Funeral Home/Cemetery (Corp.)

☐ Corporation providing or billing

☐ Limited Liability Company

medical and/or health care services

(select applicable tax classification)

X Corporation NOT providing or billing

☐ D = disregarded entity

medical and/or health care services

☐ C = corporation

☐ P = partnership

Signature of Authorized Representative: _____

Date: [Click here to enter a date](#)