

**PROPOSERS' CONFERENCE**  
**LACO-4E TRAFFIC SIGNAL CONTROLLER FIRMWARE DEVELOPMENT AND SUPPORT (2010-IT022)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(MONDAY, JULY 19, 2010), AT 10 A.M., CONFERENCE ROOM B**

Please print clearly and leave your business card.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Delcan Corporation</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Glenn Murphy</u> <small>Attendee's Name</small> <hr/> <u>Sr. Project Manager</u> <small>Title</small>	Mailing Address: <u>14320 Firestone Bl. Ste 100</u> City: <u>La Mirada</u> State: <u>CA</u> Zip: <u>90638</u> Telephone Number: <u>(714) 562-5725</u> FAX: <u>(714) 562-5728</u> E-Mail Address: <u>g.murphy@delcan.com</u>
<u>SIEMENS</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>DAVID LEINGANG</u> <small>Attendee's Name</small> <hr/> <u>Western Regional Sales Mgr</u> <small>Title</small>	Mailing Address: <u>1083 CRIMSON DR</u> City: <u>San Marcos</u> State: <u>CA</u> Zip: <u>92069</u> Telephone Number: <u>(760) 500-8260</u> FAX: <u>(760) 539-8087</u> E-Mail Address: <u>david.leingang@siemens.com</u>
<u>Astart Tech</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Petrick Powell</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: <u>1530 Jamacha Rd. Suite 11</u> City: <u>El Cajon</u> State: <u>CA</u> Zip: <u>92019</u> Telephone Number: <u>(858) 874-6543</u> FAX: <u>( )</u> E-Mail Address: <u>ppowell@astart.com</u>
<u>Astart Technologies</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>James Moliere</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: <u>1530 Jamacha Rd #11</u> City: <u>El Cajon</u> State: <u>CA</u> Zip: <u>92019</u> Telephone Number: <u>(858) 874-6543</u> FAX: <u>( )</u> E-Mail Address: <u>james@astart.com</u>
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>SYSTEMS INTEGRATED,</u> Company Name  Name of Parent Company (if Applicable)	<u>LARRY POMATTO</u> Attendee's Name  <u>DIR. OF ENG.</u> Title	Mailing Address: <u>2200 N. GLASSELL,</u> City: <u>ORANGE</u> State: <u>CA</u> Zip: <u>92865</u> Telephone Number: <u>(714) 998-0900</u> FAX: <u>(714) 998-6059</u> E-Mail Address: <u>LPOMATTO@SYSTEMSINTEGRATED.COM</u>
<u>MCCAIN INC</u> Company Name  Name of Parent Company (if Applicable)	<u>DOUGLAS ACKER</u> Attendee's Name  <u>SENIOR SUPPORT/SOFTWARE</u> Title	Mailing Address: <u>2365 OAK RIDGE WAY</u> City: <u>VISTA</u> State: <u>CA</u> Zip: <u>92081</u> Telephone Number: <u>(760) 727-8100</u> FAX: <u>( )</u> E-Mail Address: <u>MCCAIN-INC.COM</u>
 Company Name  Name of Parent Company (if Applicable)	 Attendee's Name  Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
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