

PROPOSERS' CONFERENCE
OPERATING FOOD AND VENDING MACHINE SERVICES (2011-PA007)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(TUESDAY, MAY, 10, 2011), AT 2:30 P.M., ALHAMBRA ROOM

Please print clearly and leave your business card.

325 S. Alhambra #18
 Alhambra CA 91801
 909-379-5973

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Canteen Vending</u> Company Name <u>Compass Group</u> Name of Parent Company (if Applicable)	<u>Scott Baker</u> Attendee's Name <u>Regional Sales Director</u> Title	Mailing Address: <u>12640 Knott Ave</u> City: <u>Garden Grove</u> State: <u>CA</u> Zip: <u>92841</u> Telephone Number: <u>562 1233-1914</u> FAX: () E-Mail Address: <u>Scott.baker@compass-usa.com</u>
<u>Food Solutions Inc</u> Company Name <u>David Majuri</u> Name of Parent Company (if Applicable)	<u>David Majuri</u> Attendee's Name <u>President</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
<u>Food Solutions Inc</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Gene Cyr</u> Attendee's Name <u>CFO</u> Title	Mailing Address: <u>861 Pomme Granate Ave</u> City: <u>LA</u> State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
<u>LUNCHSTOP Inc</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Wayne J Goulding Sr</u> Attendee's Name <u>CEO</u> Title	Mailing Address: <u>861 Pomme Granate Ave</u> City: <u>Pitterson</u> State: <u>CA</u> Zip: <u>95363</u> Telephone Number: <u>209 1892 9544</u> FAX: () E-Mail Address: <u>CEO@LUNCHSTOP.COM</u>
<u>TRIMANA</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Bi Jan Yadgar</u> Attendee's Name <u>Director of Operations</u> Title	Mailing Address: <u>1875 Century Park East #A</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90067</u> Telephone Number: <u>(310) 678-6966</u> FAX: <u>(310) 772-0719</u> E-Mail Address: <u>BiJan@TRIMANA.COM</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>LunchStop Inc.</u> Company Name Name of Parent Company (if Applicable)	<u>Irene Latino</u> Attendee's Name <u>Reg. Operations</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>California Dining Services</u> Company Name Name of Parent Company (if Applicable)	<u>Jose melendez</u> Attendee's Name <u>Regional Project manager</u> Title	Mailing Address: <u>3825 W. Garden Grove Blvd #43</u> City: <u>Orange</u> State: <u>CA</u> Zip: <u>92868</u> Telephone Number: <u>(714) 604-5660</u> FAX: (____) _____ E-Mail Address: <u>Jm CALDining@yahoo.com</u>
<u>Don FOODSYSTEMS INC</u> Company Name Name of Parent Company (if Applicable)	<u>Don Phelps</u> Attendee's Name <u>President</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Pacific Vending</u> Company Name Name of Parent Company (if Applicable)	<u>Bill Anderson</u> Attendee's Name <u>Owner</u> Title	Mailing Address: <u>13415 Faust Ave</u> City: <u>Bellflower</u> State: <u>CA</u> Zip: <u>90706</u> Telephone Number: <u>(562) 2435976</u> FAX: (____) _____ E-Mail Address: <u>PACIFICVEND@901.COM</u>
<u>Integrated Support Solutions</u> Company Name Name of Parent Company (if Applicable)	<u>Steve Eisner Laila Eisner</u> Attendee's Name <u>Russell Libbey Cindy Moore</u> <u>President CEO (Steve)</u> Title	Mailing Address: <u>14558 Sylvan St.</u> City: <u>Van Nuys</u> State: <u>CA</u> Zip: <u>91411</u> Telephone Number: <u>(818) 787-2116</u> FAX: <u>(818) 787-1105</u> E-Mail Address: <u>CMOORE@e-issi.com</u>