

PROPOSERS' CONFERENCE
VIDEO DISTRIBUTION SYSTEM FOR THE TRAFFIC MANAGEMENT SYSTEM (2007-IT033)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, JANUARY 7, 2008, AT 10 A.M., CONFERENCE ROOM B

Please print clearly and leave your business card.

Page 1 of 5

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
BENSON SECURITY SYSTEMS, INC. Company Name	Jim Mills Attendee's Name Director of Sales Title	Mailing Address: 2065 W. OBISPO AVE #101 City: GILBERT State: AZ Zip: 85233 Telephone Number: (480) 892-8688 FAX: (480) 892-8689 E-Mail Address: JIM.MILLS@BENSONSYS.COM
NS MICROWAVE Company Name	Fred Vaughn Attendee's Name Technical Manager Title	Mailing Address: 2709 Via Orange Way, Suite B City: Spring Valley State: CA Zip: 91978 Telephone Number: (619) 670-0616 FAX: () E-Mail Address: fvaughn@NSMICROWAVE.COM
METRO VIDEO SYSTEMS Company Name	ERIC DE RUYTER Attendee's Name DIRECTOR OF SALES Title	Mailing Address: 1220 EAST IMPERIAL AVE City: EL SEGUNDO State: CA Zip: 90245 Telephone Number: (310) 640-9250 FAX: (310) 640-9947 E-Mail Address: ERIC@METROVIDEOSYSTEMS.COM
Rockwell Tevo Company Name	Attendee's Name Title	Mailing Address: Rockwell Tevo City: Chatsworth State: CA Zip: 91311 Telephone Number: (818) 312-0656 FAX: () E-Mail Address: 1401 Topanga Cyn Chatsworth CA 91311
Amica Dynamics Company Name	Attendee's Name Title	Mailing Address: 469 S. Western St City: Los Angeles State: CA Zip: 90035 Telephone Number: (310) 923-8520 FAX: () E-Mail Address:
Scorpio Company Name	Attendee's Name Title	

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>ICX</u> Company Name Name of Parent Company (if Applicable)	<u>STEVEN BRASKY</u> Attendee's Name <u>SEAN BRASKY</u> Title	Mailing Address: <u>500 N. STATE COLLEGE #1100</u> City: <u>ORANGE</u> State: <u>CA</u> Zip: <u>92868</u> Telephone Number: <u>714 906 0308</u> FAX: <u>()</u> E-Mail Address: <u>SEAN.BRASKY@ICX.COM</u>
<u>TransCore</u> Company Name Name of Parent Company (if Applicable)	<u>Chuck Dankocsik</u> Attendee's Name <u>Senior Associate</u> Title	Mailing Address: <u>6026 Wilshire Blvd # 818</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90017</u> Telephone Number: <u>(213) 488 2201</u> FAX: <u>(213) 327-0892</u> E-Mail Address: <u>Chuck.Dankocsik@transcore.com</u>
<u>CONSIGNAT</u> Company Name Name of Parent Company (if Applicable)	<u>KEVIN DANCEY</u> Attendee's Name <u>VP IP VIDEO</u> Title	Mailing Address: <u>15375 ZEPHYRUS PARKWAY, F-102</u> City: <u>IRVINE</u> State: <u>CA</u> Zip: <u>92618</u> Telephone Number: <u>(949) 861-8800</u> FAX: <u>(949) 625-8958</u> E-Mail Address: <u>KEVIN@+203CONSIGNAT.COM</u>
<u>Data Systems Worldwide</u> Company Name Name of Parent Company (if Applicable)	<u>Dan O'Brasky</u> Attendee's Name <u>Account Executive</u> Title	Mailing Address: <u>6110 Varied Ave</u> City: <u>Woodland Hills</u> State: <u>CA</u> Zip: <u>91367</u> Telephone Number: <u>(818) 226-1749</u> FAX: <u>(818) 883-9604</u> E-Mail Address: <u>dobrasky@dsww.net</u>
<u>Delcan Corporation</u> Company Name Name of Parent Company (if Applicable)	<u>Glenn Murphy</u> Attendee's Name <u>Sr. Project Manager</u> Title	Mailing Address: <u>14320 Finestone Bl Ste 100</u> City: <u>La Mirada</u> State: <u>CA</u> Zip: <u>91265</u> Telephone Number: <u>(714) 562-5725</u> FAX: <u>(714) 562-5728</u> E-Mail Address: <u>g.murphy@delcan.com</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Computer System Technical Services</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Donald Logan</u> Attendee's Name <u>owner</u> Title	Mailing Address: <u>177 RACQUET CLUB DR.</u> City: <u>Rancho Dominguez</u> State: <u>CA</u> Zip: <u>90220</u> Telephone Number: <u>(310) 821-0045</u> FAX: <u>(817) 977-0370</u> E-Mail Address: <u>DELJR1@verizon.net</u>
<u>Menco Construction</u> Company Name _____ Name of Parent Company (if Applicable)	<u>John Faras</u> Attendee's Name <u>manager</u> Title	Mailing Address: <u>522 E. Airline way</u> City: <u>Gardena</u> State: <u>CA</u> Zip: <u>90248</u> Telephone Number: <u>(310) 516-8100</u> FAX: <u>(310) 516-7404</u> E-Mail Address: <u>menconengr@aol.com</u>
<u>Kimley-horn & Assoc.</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Sri Chakravathy</u> Attendee's Name _____ Title	Mailing Address: <u>5550 Topanga Cyn Blvd</u> City: <u>Woodland Hills</u> State: <u>CA</u> Zip: <u>91367</u> Telephone Number: <u>(818) 227-2790</u> FAX: () E-Mail Address: <u>Sri.Chakravathy@kimley-horn.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: _____
_____ 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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<u>Siemens SBT</u> Company Name <u>Siemens</u> Name of Parent Company (if Applicable)	<u>Eric Freking</u> Attendee's Name Title	Mailing Address: <u>10775 Business Center</u> City: <u>Cypress</u> State: <u>CA</u> Zip: <u>90630</u> Telephone Number: <u>(714) 388-5111</u> FAX: <u>(714) 761-3324</u> E-Mail Address: <u>eric.freking@siemens.com</u>
<u>Siemens SBT</u> Company Name <u>Siemens</u> Name of Parent Company (if Applicable)	<u>Leigh Martin</u> Attendee's Name <u>STI Act. Exec.</u> Title	Mailing Address: <u>10775 Business Center</u> Driver City: <u>Cypress</u> State: <u>CA</u> Zip: <u>90630</u> Telephone Number: <u>(714) 815-7436</u> FAX: <u>(714) 761-3324</u> E-Mail Address: <u>leigh.martin@siemens.com</u>
<u>Cyberwatch Communication</u> Company Name <u>Cyberwatch Communication</u> Name of Parent Company (if Applicable)	<u>HAMID MARSHALL</u> Attendee's Name <u>President/CEO</u> Title	Mailing Address: <u>90 E. Gish Rd. Suite 21A</u> City: <u>SAN JOSE</u> State: <u>CA</u> Zip: <u>95112</u> Telephone Number: <u>(408) 487-0664</u> FAX: <u>()</u> E-Mail Address: <u>hamidm@cyberwatch-security.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: _____
 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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<u>NetCam-LA</u> Company Name Name of Parent Company (if Applicable)	<u>Teresa Renza</u> Attendee's Name <u>CEO</u> Title	Mailing Address: <u>1431 Ocean Ave # 1620</u> City: <u>Santa Monica</u> State: <u>CA</u> Zip: <u>90401</u> Telephone Number: <u>(310) 458-2737</u> FAX: <u>(888) 457-9310</u> E-Mail Address: <u>teresa@netcam-la.com</u>
<u>Kimley-Horn and Associates</u> Company Name Name of Parent Company (if Applicable)	<u>Jason Castillo</u> Attendee's Name <u>Associate</u> Title	Mailing Address: <u>2676 N 16th St</u> City: <u>Phoenix</u> State: <u>AZ</u> Zip: <u>85000</u> Telephone Number: <u>(602) 906-1108</u> FAX: <u>()</u> E-Mail Address: <u>Jason.Castillo@kimley-horn.com</u>
<u>Kimley-horn Associates</u> Company Name Name of Parent Company (if Applicable)	<u>Sean Fares</u> Attendee's Name <u>Vice President</u> Title	Mailing Address: <u>5550 Topanga Canyon Blvd</u> City: <u>Woodland Hills</u> State: <u>CA</u> Zip: <u>91367</u> Telephone Number: <u>(818) 227-2790</u> FAX: <u>(818) 227-2777</u> E-Mail Address: <u>sean.fares@kimley-horn.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: _____
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () () FAX: () () E-Mail Address: _____