

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

dormakaba Workforce Solutions, LLC  
 Miramar, FL United States

Certificate Number:  
 2018-304326

Date Filed:  
 01/22/2018

Date Acknowledged:

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Collin County

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

2016-044  
 Time clock hardware/software, cabling, and associated implementation and installation services.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is STEPHAN SLOVIN, and my date of birth is 12/14/1952.  
 My address is 1325 NW 127 AVE (street), CORRAL SPRINGS (city), FL (state), 33071 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in BROWARD County, State of FLORIDA, on the 24<sup>th</sup> day of JANUARY, 2018.  
 (month) (year)

Stephan Slovin  
 Signature of authorized agent of contracting business entity  
 (Declarant)