	CERTIFICATE OF INTERESTED PART	TIES		FOR	vi 1295	
				NEELOE LIGE		
	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		Certificate Number:			
	of business. DentralSquare Technologies, LLC		2020-658527			
	Lake Mary, FL United States	Mary, FL United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		08/18/	2020		
	Collin County		Date A	cknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	entification number used by the governmental entity or state agency to track or identify the contract, and provide a the services, goods, or other property to be provided under the contract.				
	2018-032 Software Maintenance, Sungard					
4			,	Nature of interest		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary	
Z	plet, David	Lake Mary, FL United States		X		
Medintz, Barry		Lake Mary, FL United States		Х		
			_			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Barry Medintz, and my date of birth is				<u>.</u>	
	My address is		,		,	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Seminole Couty Count	County, State of Florida, on the 19 th day of August, 20 20 (month) (year)				
	280516/nature of authorized agent of contracting business entity (Declarant)					