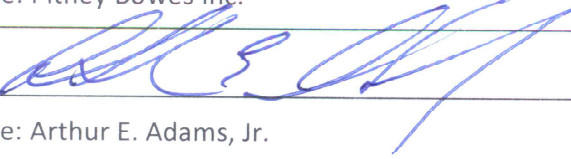


## STATE OF ILLINOIS CONTRACT AMENDMENT

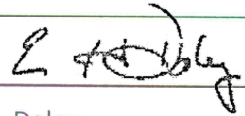
The undersigned Agency and Vendor, Pitney Bowes Inc., (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, as previously amended, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Amendment to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

### VENDOR

Vendor Name: Pitney Bowes Inc.	Address: 3001 Summer Street, Stamford, CT 06926
Signature: 	Phone: (203) 351-7866
Printed Name: Arthur E. Adams, Jr.	Fax: (203) 460-3827
Title: Director, Government Contract Compliance	Email: art.adams@pb.com
Date: May 15, 2020	

### STATE OF ILLINOIS

Procuring Agency: State of Illinois Chief Procurement Officer for General Services	Phone: (217) 558-2231
Street Address: 401 South Spring Street, Suite 712, Stratton Office Building	Fax: (217) 558-1399
City, State ZIP: Springfield, Illinois 62706	
Official Signature: 	Date: May 29, 2020
Printed Name: Ellen H. Daley	
Official's Title: Chief Procurement Officer for General Services	
Legal Signature:	Date:
Legal Printed Name: Click here to enter text.	
Legal's Title: Click here to enter text.	
Fiscal Signature:	Date:
Fiscal's Printed Name: Click here to enter text.	
Fiscal's Title: Click here to enter text.	

**STATE USE ONLY**

**NOT PART OF CONTRACTUAL PROVISIONS**

PBC#	Project Title JPMC NVP Mailroom Equipment	
Contract # #18CPOGS003	Procurement Method (IFB, RFP, Small, etc):	
IPB Ref. #18-510CPOGS-CPOGS-P-1799	IPB Publication Date:	Award Code:
Subcontractor Utilization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Disclosure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Funding Source	Obligation #	
CPO 33 – General Counsel Approval:		
Signature	Printed Name	Date

**1. CONTRACT DESCRIPTION** The Chief Procurement Office and Pitney Bowes Inc. are amending contract #18CPOGS003 (18-510CPOGS-CPOGS-P-1799) for mailroom equipment to update the Illinois-specific pricing.

**2. CHANGE ORDER:** Is this amendment a change order as defined in 30 ILCS 500/1-15.12 and 720 ILCS 5/33E?

Yes  No

**3. DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):

**3.1.** The completion date will be  extended,  shortened or  remain the same.

3.1.1. Original completion date: N/A

3.1.2. Revised completion date: N/A

**3.2.** The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will  stay the same or  change as follows: N/A

**3.3.** The cost will be  increased,  decreased or  remain the same.

3.3.1. Original cost: N/A

3.3.2. Amount of change: N/A

3.3.3. Revised cost: N/A

3.3.4. The total cost of the contract will remain the same as this is a joint purchase master contract, but the pricing for individual products and services will be updated pursuant to Attachment A below. The updated pricing will also be attached in BidBuy (18-510CPOGS-CPOGS-P-1799).

**3.4.** The supplies or services to be provided will  stay the same or  be changed as follows: N/A

**3.5.** Subcontractors are being  added,  deleted, or  remain the same?

3.5.1. RESERVED

3.5.2. RESERVED

3.5.3. RESERVED

3.5.4. RESERVED

**4. EFFECTIVE DATE OF AMENDMENT:** This amendment is effective on the date it is signed by all parties.

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Click here to enter text.

Business Name: Pitney Bowes Inc.

Taxpayer Identification Number:

Social Security Number:

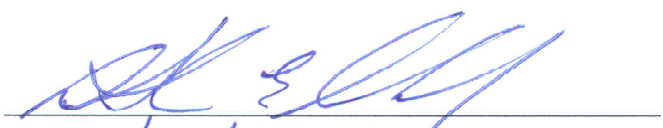
or

Employer Identification Number : 06-0495050

Legal Status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental  |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien   |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust   |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)  |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation   |
|   | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: \_\_\_\_\_

  
5/15/2020

Date: Click here to enter a date