

22844 Attachment 8 Reseller Directory
Audio Visual Equipment and Accessories
Contractor Name: Epson America, Inc.

Reseller Information

Reseller

| | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| Company Name: | Advanced Presentation Systems, Inc. dba CCS Presentation Systems | | |
| Address: | 132 Northeastern Blvd. Nashua, NH 03062 | | |
| Federal ID #: | 04-3428899 | | |
| NYS Vendor ID #: | 1100033130 | | |
| Contract Person: | Cheryl Gamst | | |
| Title: | President | | |
| Telephone Number: | 978.256.2001 | | |
| Fax Number: | | | |
| E-mail: | cheryl@ccsnewengland.com | | |
| MWBE Certification: | <input checked="" type="checkbox"/> Women owned | <input checked="" type="checkbox"/> Minority owned | <input checked="" type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) | | |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders | <input checked="" type="checkbox"/> Ship Direct | <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | | | |

Reseller

| | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| Company Name: | Audio Video Corporation | | |
| Address: | 213 Broadway Albany, NY 12204 | | |
| Federal ID #: | 14-1426006 | | |
| NYS Vendor ID #: | 1000001596 | | |
| Contract Person: | Scott VanRoy | | |
| Title: | Director of Business Development | | |
| Telephone Number: | 518.449.7213 | | |
| Fax Number: | | | |
| E-mail: | vanroy@audiovideocorp.com | | |
| MWBE Certification: | <input type="checkbox"/> Women owned | <input type="checkbox"/> Minority owned | <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) | | |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders | <input checked="" type="checkbox"/> Ship Direct | <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | | | |

Reseller

| | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| Company Name: | CDW Government, LLC | | |
| Address: | 200 N. Milwaukee Avenue Vernon Hills, IL 60061 | | |
| Federal ID #: | 36-4230110 | | |
| NYS Vendor ID #: | 1000009217 | | |
| Contract Person: | Yolanda Blomquist | | |
| Title: | Deputy Program Manager | | |
| Telephone Number: | 800.808.4239 | | |
| Fax Number: | | | |
| E-mail: | yaguilar@cdw.com | | |
| MWBE Certification: | <input type="checkbox"/> Women owned | <input type="checkbox"/> Minority owned | <input type="checkbox"/> Both |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) | | |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders | <input checked="" type="checkbox"/> Ship Direct | <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | CDW-G is listed as an authorized reseller on over 40 New York OGS contracts | | |

| Reseller | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | GovConnection, Inc. |
| Address: | 732 Milford Road Merrimack, NH 03054 |
| Federal ID #: | 52-1837891 |
| NYS Vendor ID #: | 1000009448 |
| Contract Person: | Kate St. Laurent |
| Title: | Account Manager |
| Telephone Number: | 603.423.2000 |
| Fax Number: | |
| E-mail: | kate.st.laurent@connection.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | |

| Reseller | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | PC University Distributors, Inc. |
| Address: | 99 W. Hawthorne Avenue, Suite 521 Valley Stream, IL 11580 |
| Federal ID #: | 11-3318287 |
| NYS Vendor ID #: | 1000005921 |
| Contract Person: | Geoffrey Miller |
| Title: | President / CEO |
| Telephone Number: | 516.596.1500 |
| Fax Number: | |
| E-mail: | gmm@pcuniversity.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | Founded in 1996, PC University is a full-service technology solutions provider. |

| Reseller | |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | The Presentation Source |
| Address: | P.O. Box 30409 Rochester, NY 14603 |
| Federal ID #: | 16-1515532 |
| NYS Vendor ID #: | 1000029378 |
| Contract Person: | Laurie Widmaier |
| Title: | President / CEO |
| Telephone Number: | 888.551.7575 |
| Fax Number: | |
| E-mail: | lwidmaier@presentationsource.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | The Presentation Source was incorporated over twenty years ago with a mission to provide audio-visual solutions and service to higher education, government, K12 and non-profit organizations. |

| Reseller | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | Tony Baird Electronics, Inc. |
| Address: | 407 South Warren Street Syracuse, NY 13202 |
| Federal ID #: | 20-2548047 |
| NYS Vendor ID #: | 1100022038 |
| Contract Person: | Peter Grosskopf |
| Title: | Vice President of Sales |
| Telephone Number: | 315.422.4430 |
| Fax Number: | |
| E-mail: | pgrosskppf@tonybairdelectronics.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input checked="" type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | Founded in 2005, TBE is an electronic systems integrator focusing on custom solutions for education, defense, and government across the United States. |

| Reseller | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | Video Hi-Tech Corp., dba Adwar Video |
| Address: | 125 Gazza Blvd. Farmingdale, NY 11735 |
| Federal ID #: | 11-2765013 |
| NYS Vendor ID #: | 1000005772 |
| Contract Person: | Michael Adwar |
| Title: | President / CEO |
| Telephone Number: | 631.777.7070 |
| Fax Number: | |
| E-mail: | mike@adwarvideo.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | With over 30 years of experience, Adwar Video is a leading supplier of professional AV Equipment and Services. |

| Reseller | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | Signal Perfection |
| Address: | 1040 45 th Avenue Long Island, NY 11101 |
| Federal ID #: | 52-1760942 |
| NYS Vendor ID #: | 100002356703 |
| Contract Person: | Doug Lefko |
| Title: | Sales Manager |
| Telephone Number: | 860.963.8935 |
| Fax Number: | |
| E-mail: | doug.lefko@avispl.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | |

| Reseller | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | Presentation Concepts Corp. |
| Address: | 6517 Basile Row East Syracuse, NY 13057 |
| Federal ID #: | 16-1535373 |
| NYS Vendor ID #: | 1000029419 |
| Contract Person: | Jay Myers |
| Title: | President / CEO |
| Telephone Number: | 888.262.7596 |
| Fax Number: | |
| E-mail: | jmyers@pccav.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | A highly qualified full-service business. |

| Reseller | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: | nrastructure Technologies, LLC |
| Address: | 5 Enterprise Ave Clifton Park, NY 12065 |
| Federal ID #: | 22-3771456 |
| NYS Vendor ID #: | 1000017165 |
| Contract Person: | Timothy Fazioli |
| Title: | Channel Administrator |
| Telephone Number: | 518-652-4053 |
| Fax Number: | 518-664-5731 |
| E-mail: | timothy.fazioli@nrastructure.com |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | |

| Reseller | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Company Name: | |
| Address: | |
| Federal ID #: | |
| NYS Vendor ID #: | |
| Contract Person: | |
| Title: | |
| Telephone Number: | |
| Fax Number: | |
| E-mail: | |
| MWBE Certification: | <input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: | <input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Qualifying Criteria Applicable to this Reseller: | |