

**22844 Attachment 8 Reseller Directory**  
**Audio Visual Equipment and Accessories**  
**Contractor Name: Panasonic Corp. of North America**

**Reseller Information**

**Reseller**

<b>Company Name:</b>	Derive Technologies
<b>Address:</b>	110 William Street New York, NY 10038
<b>Federal ID #:</b>	52-2295534
<b>NYS Vendor ID #:</b>	1000009467
<b>Contract Person:</b>	Madhu Royal
<b>Title:</b>	Vice President of Sales
<b>Telephone Number:</b>	212-363-1111
<b>Fax Number:</b>	
<b>E-mail:</b>	mroyal@derivetech.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input checked="" type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
<b>Reseller is Authorized to:</b>	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
<b>Qualifying Criteria Applicable to this Reseller:</b>	

**Reseller**

<b>Company Name:</b>	Video Hi -Tech Corporation dba Adwar Video
<b>Address:</b>	125 Gazza Boulevard Farmingdale, NY 11735
<b>Federal ID #:</b>	11-2765013
<b>NYS Vendor ID #:</b>	1000005772
<b>Contract Person:</b>	Michael Adwar
<b>Title:</b>	President
<b>Telephone Number:</b>	631-777-7070
<b>Fax Number:</b>	631-777-7011
<b>E-mail:</b>	mike@adwarvideo.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified)
<b>Reseller is Authorized to:</b>	<input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
<b>Qualifying Criteria Applicable to this Reseller:</b>	

**Reseller**

<b>Company Name:</b>	Audio-Video Corporation
<b>Address:</b>	213 Broadway Albany, NY 12204
<b>Federal ID #:</b>	14-1426006
<b>NYS Vendor ID #:</b>	1000001596
<b>Contract Person:</b>	Scott VanRoy
<b>Title:</b>	Director of Business Development
<b>Telephone Number:</b>	518-449-7213
<b>Fax Number:</b>	
<b>E-mail:</b>	vanroy@audiovideocorp.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified)
<b>Reseller is Authorized to:</b>	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
<b>Qualifying Criteria Applicable to this Reseller:</b>	Qualifying Criteria Resident in NYS, Independently owned and operated, Not dominant in field, Less than 100 employees

<b>Reseller</b>	
<b>Company Name:</b>	Advanced Presentation Systems, Inc. DBA CCS Presentations System
<b>Address:</b>	132 Northeastern Blvd. Nashua, NH 03062
<b>Federal ID #:</b>	04-3428899
<b>NYS Vendor ID #:</b>	1100033130
<b>Contract Person:</b>	Cheryl Gamst
<b>Title:</b>	President
<b>Telephone Number:</b>	978-256-2001
<b>Fax Number:</b>	
<b>E-mail:</b>	cheryl@ccsprojects.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input checked="" type="checkbox"/> Both
<b>SBE:</b>	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
<b>Reseller is Authorized to:</b>	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
<b>Qualifying Criteria Applicable to this Reseller:</b>	Sub-Continent Asian Indian

<b>Reseller</b>	
<b>Company Name:</b>	Troxell Communications, Inc.
<b>Address:</b>	4675 E Cotton Ctr Blvd Ste 155 Phoenix, Az. 85040
<b>Federal ID #:</b>	86-0716114
<b>NYS Vendor ID #:</b>	1000009741
<b>Contract Person:</b>	Joel Ryan
<b>Title:</b>	Account Executive
<b>Telephone Number:</b>	800-352-7912
<b>Fax Number:</b>	
<b>E-mail:</b>	joel.ryan@trox.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
<b>Reseller is Authorized to:</b>	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment
<b>Qualifying Criteria Applicable to this Reseller:</b>	

<b>Reseller</b>	
<b>Company Name:</b>	The Presentation Source, Inc.
<b>Address:</b>	1 Fishers Road Pittsford, Ny 14603
<b>Federal ID #:</b>	16-1515532
<b>NYS Vendor ID #:</b>	1000029378
<b>Contract Person:</b>	Laura Widmaier
<b>Title:</b>	President
<b>Telephone Number:</b>	585-381-3070
<b>Fax Number:</b>	
<b>E-mail:</b>	lwidmaier@presentationsouce.com
<b>MWBE Certification:</b>	<input checked="" type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified)
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<b>Qualifying Criteria Applicable to this Reseller:</b>	

<b>Reseller</b>	
<b>Company Name:</b>	Synergy Global Solutions
<b>Address:</b>	600 Fishers Station Drive Victor, NY 14564
<b>Federal ID #:</b>	16-0985336
<b>NYS Vendor ID #:</b>	1000015161
<b>Contract Person:</b>	Jim Kelley
<b>Title:</b>	Purchasing Manager
<b>Telephone Number:</b>	585-758-7412
<b>Fax Number:</b>	
<b>E-mail:</b>	jkelly@synergygs.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
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<b>Qualifying Criteria Applicable to this Reseller:</b>	

<b>Reseller</b>	
<b>Company Name:</b>	CDW Government, LLC
<b>Address:</b>	230 N. Milwaukee Ave. Vernon Hills, IL 60061
<b>Federal ID #:</b>	364230110
<b>NYS Vendor ID #:</b>	1000009217
<b>Contract Person:</b>	Yolanda Blomquist
<b>Title:</b>	Deputy Program Manager
<b>Telephone Number:</b>	312.705.1880
<b>Fax Number:</b>	
<b>E-mail:</b>	yaguilar@cdw.com
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
<b>SBE:</b>	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
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<b>Reseller</b>	
<b>Company Name:</b>	
<b>Address:</b>	
<b>Federal ID #:</b>	
<b>NYS Vendor ID #:</b>	
<b>Contract Person:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	
<b>E-mail:</b>	
<b>MWBE Certification:</b>	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
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<b>Qualifying Criteria Applicable to this Reseller:</b>	