



## EXHIBIT B

### State of New Jersey

#### OWNERSHIP DISCLOSURE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

List the names and addresses of all individuals, partnerships, corporations or any other owner having 10% or greater interest in the corporation or partnership listed above. If a listed owner is a corporation or partnership, then list the names and addresses of holders of 10% or more interest in that corporation or partnership. If additional space is necessary, list on an attached sheet. If there are no owners with 10% or more interest in your company, enter "None" below.

Complete affidavit at bottom of form.

| NAME | ADDRESS: | Street | City/Twp | County | State | Zip |
|------|----------|--------|----------|--------|-------|-----|
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President of the firm (Type or print name)

Phone

I certify that:

- ☐ List of stockholders names and addresses has been submitted to the Purchase Bureau and it is current and correct to the best of my knowledge, with the exceptions as listed above.
- ☐ The list of stockholders above is current and correct to the best of my knowledge.
- ☐ There are no stockholders holding 10% or more interest in the corporation or firm to the best of my knowledge.
- ☐ Firm is a sole ownership and not subject to corporation or partnership disclosure requirement.

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

Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_