



GENERAL INFORMATION QUESTIONNAIRE

CONFIDENTIAL

GENERAL INFORMATION

1. Name of Person Completing This Form: DELETED

Telephone: DELETED

Fax: DELETED

E-Mail: DELETED

2. Company Name: DELETED

Key Contact/Title: DELETED

Home Office Address: DELETED

3. Years in Communications Business: 23 years_

4. Years at Present Address: 18

5. What were your total gross revenues for the past three (3) years? (US\$ in thousands)

DEL: \$ 8,5545.845

DEL: \$ 5,238.190

DEL: \$ 8,776.060

6. What percent of your total annual business revenues came from communication equipment sales and service?

DEL 85% Equipment
15% Services

DEL 85% Equipment
15% Services

DEL 85% Equipment
15% Services



PERSONNEL

7. Please list all partners, officers, and directors of your business.

NAME: DELETED	TITLE: President
NAME: DELETED	TITLE: Commercial Vicepresident
NAME: DELETED	TITLE: Service Vicepresident
NAME: DELETED	TITLE: Finance Vicepresident

OWNERSHIP

8. Owners	Percent Ownership
DELETED	60%
DELETED	30%
DELETED	5%
DELETED	5%

9. Please provide the number of employees in each of the following groups:

Executives (including line 1) and Administrators	_____
Sales Managers	<u>33.75</u> %
Outside Sales	_____
Inside Sales	_____
Technical Support	<u>20</u> %
Service Managers	_____
Service Technicians	<u>19,25</u> %
Clerical	<u>24,31</u> %
Workers	<u>2,7</u> %
 Total Employees	 <u>135</u>

10. Type of Appointment Desired.

Representative Value added Reseller Distributor



DISTRIBUTION CAPABILITIES:

11. Please list the geographic areas or countries in which you presently sell:

DELETED

12. Please list your vertical markets:

Telecommunication, Broadcasting Security Information Technology

13. Please list all communications product lines that you sell (add separate sheet if needed):

Supplier's Name and Address: See Anex

Name and Telephone No. of Principal Contact:

See Anex

Services or Products Represented:

See Anex

14. Describe other business functions in which your organization is involved (i.e. service, manufacturing, etc.)

Service, Training, Turn Key Solutions

15. Which of the following support services do you provide:

Customer Hotline ___X

Training ___X

Newsletter _____

Electronic Bulletin Board _____

Technical Support ___X



16. Briefly describe how you provide product training for your resellers (include frequency, type of training program, locations, etc.)

According to our suppliers recommendation

17. Describe how your customer service department is structured to provide resellers/end users with technical support and warranty assistance.

_20% of our personnel is dedicated to service and support our customers.
We have 2 Managers with the rest dedicated to service our customer base at their premises.

PRODUCT INFORMATION

18. What percentage of your business is communications related: 70%

Hardware 60 % Software 40 %

19. Please list major communications hardware vendors that you represent:

DELETED

20. Please list major communications software vendors that you represent:

DELETED

21. Please list what specific communications product you distribute/resell (i.e. modems, Multiplexers, LAN's, etc.)

See Anex



CERTIFICATION:

By signing this international application for appointment, I certify that the information provided is true and accurate.

SIGNATURE: _____DELETED_____

PRINT NAME: DELETED

TITLE: Vicepresident

DATE: DELETED