



4. All terms and conditions of the Agreement, including any addenda or amendments, not modified herein shall remain in full force and effect for the term of Agreement. If there is a conflict between this Eight Addendum and the Agreement for Software and Maintenance Agreement including all previous Amendments Addendums, the provisions of this Eighth Addendum shall prevail with regard to the conflict.

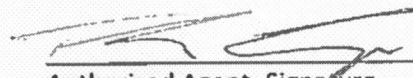
Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

**FORT BEND COUNTY**

**TRAPEZE SOFTWARE GROUP, INC.**

  
 KP George, County Judge

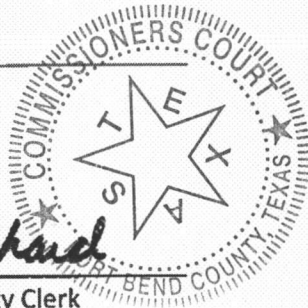
  
 Authorized Agent- Signature

2-26-2019  
 Date

THOMAS COOPER  
 Authorized Agent- Printed Name

ATTEST:

  
 Laura Richard, County Clerk

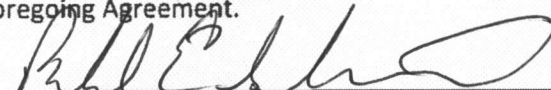


DIRECTOR OF FINANCE  
 Title

2/19/19  
 Date

**AUDITOR'S CERTIFICATE**

I hereby certify that funds in the amount of \$ 26,889.00 are available to pay the obligation of Fort Bend County within the foregoing Agreement.

  
 Robert Ed Sturdivant, County Auditor

# EXHIBIT A



**Software Support Quote**

Fort Bend County  
 Attn:Denice Malota  
 12550 Emily Court  
 Suite 400  
 Sugarland, TX 77478  
 US

Quote                    **PRO-18-1221**  
 Date                     **Dec 21, 2018**  
 Customer ID  
 Contract No.           **0000001410**  
 Due date  
 Contract type         **635MAIN**  
 Project No:            **7390-700**

Purchase Order No :		
NOVUS DRM Up to 799 Booked Trips Coverage period 3/1/2019 - 2/29/2020	\$23,445.00	
Subtotal	\$23,445.00	
State Tax -	\$0.00	
Total payable in USD		\$23,445.00

**Please make payment to following :**  
**Lockbox**  
 Trapeze Software Group Inc.  
 P.O.Box 202528  
 Dallas, TX 75320-2528  
 USA

**For billing inquiries contact:**  
 ar@tripspark.com  
 Toll Free: 1-800-265-3617 Ext. #5  
 Local: 905-629-8727

Interest may be charged on overdue amounts not paid by the specified due date.

TripSpark Technologies is a business name and operating division of Trapeze Software Group, Inc.



**Software Support Quote**

Fort Bend County  
 Attn:Denice Malota  
 12550 Emily Court  
 Suite 400  
 Sugarland, TX 77478  
 US

Quote                PRO-18-1221  
 Date                 Dec 21, 2018  
 Customer ID  
 Contract No.        0000001412  
 Due date  
 Contract type       635MAIN  
 Project No:         7390-706

Purchase Order No :		
NOVUS DRM Up to 5 FLEX Runs Coverage period 3/1/2019 - 2/29/2020	\$3,444.00	
Subtotal	\$3,444.00	
State Tax -	\$0.00	
Total payable in USD		\$3,444.00

Please make payment to following :

Lockbox  
 Trapeze Software Group Inc.  
 P.O.Box 202528  
 Dallas, TX 75320-2528  
 USA

For billing inquiries contact:  
 ar@tripspark.com  
 Toll Free: 1-800-265-3617 Ext. #5  
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# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Trapeze Software Group, Inc.  
 Cedar Rapids, IA United States

**Certificate Number:**  
 2019-455410

**Date Filed:**  
 02/21/2019

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**Date Acknowledged:**  
 02/26/2019

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

RFP 06-101  
 Annual Maintenance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Trapeze Software ULC	Mississauga Ontario Canada	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)