

Campus and School Agreement
Enrollment for Education Solutions
Amendment ID CTM

000-reychann-E210

This Amendment ("Amendment") is entered into between the entities as of the effective date identified in the Signature Form. The terms and conditions in this Amendment supersede any conflicting terms and conditions in the Campus and School Agreement ("Agreement") and/or Enrollment, as applicable. The terms of this Amendment will be applicable for all qualifying Enrollments underneath the Agreement that is created upon execution of the Amendment.

1. Section 17 (k), "Applicable law, venue, and jurisdiction", is hereby deleted in its entirety and replaced with the following:

Applicable law, venue, and jurisdiction. This agreement is governed by the laws of the state of Florida. Both parties agree that the federal courts have exclusive jurisdiction over disputes under this agreement and the resolution. Any legal actions relating to this agreement must be brought in a court of competent jurisdiction within federal courts located in the jurisdiction of the state where Institution is organized, and the parties agree that jurisdiction and venue in such courts is appropriate.

2. Section 3 of the Enrollment for Education Solutions, Overview of the Enrollment for Education Solutions, is deleted in its entirety and replaced with the following.

This Enrollment allows institution to license Products on a subscription basis across its Organization. Institution determines how it defines its Organization. Institution can select from two different licensing options, Faculty and Staff or Students, depending on the Users it wishes to cover.

The minimum requirements for this Enrollment are as follows:

Institution must order at least one Desktop Platform Product for Organization-wide Count of at least 100
OR

Institution must order at least one Platform Online Service for Staff / Faculty in a quantity of 100 OR

Institution must order at least one Desktop Platform Product for Student Count of at least 100 OR

Institution must order at least one Platform Online Service for Students in a quantity of 100

The minimum requirements listed above are waived if Institution has a Qualifying Enrollment.

Microsoft may refuse to accept this Enrollment if it has a business reason for doing so. At the end of the applicable term, institution has the option to extend the Enrollment, enter into a new Enrollment, let the Enrollment expire, or, if applicable, buy out perpetual Licenses.

Reseller acknowledgement

Name of Reseller SHI International Corp.

Printed Name: Kristen Faizon

Printed Title Licensing Specialist

Date 6/10/2013

Reseller Signature



This amendment must be attached to a signature form to be valid.



Program Signature Form

MBAM/BSA number

01036153

000-reyhann-E210

Agreement number

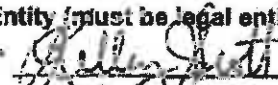
Note: Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.


This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
Campus and School Agreement	X20-04703
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
Amendment	CTM (New)
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer	
Name of Entity (must be legal entity name)*	Department of Management Services
Signature*	
Printed First and Last Name*	Kelley J. Scott
Printed Title*	Acting Director of State Purchasing and Chief Procurement Officer
Signature Date*	5/31/13
Tax ID	

* indicates required field

Microsoft Affiliate	
Signature <i>Mary Ann Holland</i> Printed First and Last Name Printed Title Signature Date <small>(date Microsoft Affiliate countersigns)</small>	Microsoft Licensing, GP  Microsoft Licensing, GP JUN 10 2013 Mary Ann Holland Duly Authorized on behalf of Microsoft Licensing, GP
Effective Date <i>6/10/13</i> <small>(may be different than Microsoft's signature date)</small>	

Optional 2nd Customer signature or Outsourcer signature (if applicable)

Customer
Name of Entity (must be legal entity name)* Signature* _____ Printed First and Last Name* Printed Title* Signature Date*

* indicates required field

Outsourcer
Name of Entity (must be legal entity name)* Signature* _____ Printed First and Last Name* Printed Title* Signature Date*

* indicates required field

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

Microsoft Licensing, GP
Dept. 551, Volume Licensing
8100 Noel Road, Suite 210
Reno, Nevada 89511-1137
USA

Prepared By: Name of Preparer

Email of Preparer

Supplemental Contact Information Form

This form can be used in combination with MBSA, Agreement, and Enrollment/Registration. However, a separate form must be submitted for each enrollment/registration, when more than one is submitted on a signature form. For the purposes of this form, "entity" can mean the signing entity, Customer, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement. Primary and Notices contacts in this form will not apply to enrollments or registrations.

- This form applies to:
- MBSA
 - Agreement
 - Enrollment/Affiliate Registration Form

Insert primary entity name if more than one Enrollment/Registration Form is submitted

Contact Information.

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The asterisks (*) indicate required fields. If the entity chooses to designate other contact types, the same required fields must be completed for each section. By providing contact information, entity consents to its use for purposes of administering the Enrollment by Microsoft and other parties that help Microsoft administer this Enrollment. The personal information provided in connection with this agreement will be used and protected according to the privacy statement available at <https://licensing.microsoft.com>.

1. Additional notices contact.

This contact receives all notices that are sent from Microsoft. No online access is granted to this individual.

Name of entity*
 Contact name*: First Last
 Contact email address*
 Street address*
 City* State/Province* Postal code*
 Country*
 Phone* Fax

This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

2. Software Assurance manager.

This contact will receive online permissions to manage the Software Assurance benefits under the Enrollment or Registration.

Name of entity*
 Contact name*: First Last
 Contact email address*
 Street address*
 City* State/Province* Postal code*
 Country*

Phone* Fax

This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

3. **Subscriptions manager.**

This contact will assign MSDN, Expression, and TechNet Plus subscription licenses to the individual subscribers under this Enrollment or Registration. Assignment of the subscription licenses is necessary for access to any of the online benefits, such as subscription downloads. This contact will also manage any complimentary or additional media purchases related to these subscriptions.

Name of entity*

Contact name*: First Last

Contact email address*

Street address*

City* State/Province* Postal code*

Country*

Phone* Fax

This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

4. **Online services manager.**

This contact will be provided online permissions to manage the online services ordered under the Enrollment or Registration.

Name of entity*

Contact name*: First Last

Contact email address*

Street address*

City* State/Province* Postal code*

Country*

Phone* Fax

This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

5. **Customer Support Manager (CSM).**

This person is designated as the Customer Support Manager (CSM) for support-related activities.

Name of entity*

Contact name*: First Last

Contact email address*

Street address*

City* State/Province* Postal code*

Country*

Phone* Fax

6. **Primary contact information.**

An individual from inside the organization must serve as the primary contact. This contact receives online administrator permissions and may grant online access to others. This contact also receives all notices unless Microsoft is provided written notice of a change.

Name of entity* Department of Management Services

Contact name*: First Lori Last Alberstadt

Contact email address* Lori.Alberstadt@dms.myflorida.com
Street address* 4050 Esplanade Way, Suite 360
City* Tallahassee State/Province* Florida Postal code* 32399-0950
Country* USA
Phone* 850-488-4945 Fax 850-414-6122

7. Notices contact and online administrator information.

This individual receives online administrator permissions and may grant online access to others. This contact also receives all notices.

Same as primary contact

Name of entity*

Contact name*: First Last

Contact email address*

Street address*

City* State/Province* Postal code*

Country*

Phone* Fax

This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.