

STANDARD AGREEMENT
STD. 2 (REV. 5-91)

APPROVED BY THE
ATTORNEY GENERAL

Contract Number TCMA-200201	Amendment Number 7
TAXPAYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER	

THIS REINSTATEMENT AND AMENDMENT, made and entered into this 1st day of **September 2005**, ("Effective Date") in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE Business Services Manager	AGENCY Judicial Council of California Administrative Office of the Courts 455 Golden Gate Ave. San Francisco, CA 94102	, hereafter called the State or Client, and
CONTRACTOR'S NAME ADP, Inc.		, hereafter called the Contractor.

PARTIES AGREE TO REINSTATE AND EXTEND CONTRACT NO. TCMA-200201, WHICH EXPIRED ON JUNE 30, 2005. Prior Amendment 6 extended this Contract through August 31, 2005.

This extended period will allow further time for the parties to negotiate the first option year to the Master Agreement. The expiration date of this Agreement is hereby extended to **September 30, 2005**.

Except as provided herein, all the terms and conditions of the original Master Agreement, as previously amended, shall remain in full force and effect.

IN WITNESS WHEREOF, this reinstatement and Amendment No. 7 has been entered into by the parties hereto, effective upon the Effective Date.

STATE OF CALIFORNIA		CONTRACTOR			
AGENCY Judicial Council of California, <i>Administrative Office of the Courts</i>		CONTRACTOR (If other than an individual, state whether a corporation, partnership, etc.) ADP, Inc. (a corporation)			
BY (AUTHORIZED SIGNATURE) ▷ <i>[Signature]</i>		BY (AUTHORIZED SIGNATURE) ▷ <i>[Signature]</i>			
PRINTED NAME OF PERSON SIGNING Grant Walker		PRINTED NAME AND TITLE OF PERSON SIGNING Kathryn F. Amozzi, General Manager/VP			
TITLE Business Services Manager		ADDRESS 3300 Olcott St. Santa Clara, CA 95054			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$0.00	PROGRAM/CATEGORY (CODE AND TITLE)	FUND TITLE <i>Department of General Services</i> <i>Use Only</i>			
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$0.00	(OPTIONAL USE) Funding information will be included in individual work orders if any.				
TOTAL AMOUNT ENCUMBERED TO DATE \$0.00	ITEM	CHAPTER	STATUTE	FISCAL YEAR	
OBJECT OF EXPENDITURE (CODE AND TITLE)					
I hereby certify upon my own personal knowledge that budgeted funds are available for the period of the expenditure stated above.		T.B.A. NO.	B.R. NO.		
SIGNATURE OF ACCOUNTING OFFICER ▷ <i>N/A</i>		DATE			
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> DEPT. OF GEN. SER. <input type="checkbox"/> CONTROLLER <input type="checkbox"/>					