

2. Vendor Questionnaire – Exhibit E

EXHIBIT E: VENDOR QUESTIONNAIRE

Please answer all questions that apply, if an item does not apply please mark N/A.

Company Name: <u>Netxar Technologies Inc.</u>
Telephone Number: <u>(787) 765-0058</u> ; Fax Number: <u>(787) 756-5362</u> ;
E-mail Address: <u>digna.santiago@netxar.com</u> . Web Site Address: <u>www.netxar.com</u> .
Company Address: <u>17 Ponce St.</u>
City: <u>San Juan</u> ; State: <u>Puerto Rico</u> ; Zip Code: <u>00917</u> .
E-RATE SPIN: <u>143025746</u> FCC REGISTRATION NO: <u>0021556436</u>
Primary Contact (Name, Title, Phone and Email): <u>Digna Santiago, Senior Account Manager, (787) 646-9632, digna.santiago@netxar.com</u>

Business Information

Years in Business: <u>11</u>
Check the following as it applies to your Business: <input type="checkbox"/> Public Corporation <input checked="" type="checkbox"/> Privately Held Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Service Contractor
Are you a subsidiary of another Company: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, which one? <u>Digicel Group</u>
Please list all companies with whom you have partial or complete ownership: <u>N/A</u>
Check the following Business Classifications that apply to your firm, if any: <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Minority owned business <input type="checkbox"/> Woman owned business
Does your firm have EDI capabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Operational Information

Number hourly employees: Direct <u>2</u> ; indirect <u>N/A</u>
Number salary employees: Direct <u>75</u> ; indirect <u>N/A</u>
What are your normal work days: <u>Monday to Friday</u> ; Normal work hours: <u>9:00 am to 6:00 pm</u> ;
Does your firm have a Quality Assurance Program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.

VENDOR QUESTIONNAIRE (P.2)

Other Information

Are you currently doing business with the Puerto Rico Department of Education Yes No.?

If yes answer the following questions:

List the schools and divisions/departments and programs you are doing business with:

List the \$ amount of the business you have done with the Department in the last three (3) years:

\$ 0.00 _____.

Do you have current contracts with the Department Yes No.?

If yes list the contract numbers:
