

**This Form Must Accompany RFP**

**Exhibit E**

**STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP**

Please check one type of Ownership, complete the form, and execute where provided.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Corporation    | <input type="checkbox"/> Limited Partnership           |
| <input type="checkbox"/> Partnership               | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Sub Chapter S Corporation | <input type="checkbox"/> Other: _____                  |

All Respondents must submit this statement setting forth the names of all individuals who own a 10% or greater interest in the Respondent as the case may be. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders/partners holding 10% or more of that corporation or partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder and individual partner exceeding the 10% ownership has been listed.

If there is no stockholder, partner or individual that owns 10% or more of the Respondent, write "None" or similar language below.

***List of Stockholders/Partners with Ten Percent (10%) or More Interest in Respondent:***

<u>Owner's Name</u>	<u>Home Address</u>	<u>Title/Office Held</u>	<u>Percent (%) of Partnership Share Owned</u>
Bruce Michelson	1608 Harvest Moon Lane - Hatfield, PA	President	33 1/3%
John Hollister	761 Integrity Drive - Lititz, PA	Vice-President	33 1/3%
Thomas Monahan	121 Nantucket Drive - Cherry Hill, NJ	Vice-President	33 1/3%

***List of Stockholders/Partners with Ten Percent (10%) or More Interest in Any Organization Listed Above:***

<u>Owner's Name</u>	<u>Home Address</u>	<u>Title/Office Held</u>	<u>Percent (%) of Partnership Share Owned</u>
Same as Above			

Use additional paper if needed. Check here  if additional sheets are attached.

**Name of Company** CM3 Building Solutions, Inc.

**Address** 185 Commerce Drive - Suite 1

**City, State, Zip Code** Fort Washington, PA 19034

**Authorized Agent** Bruce Michelson **Title** President

**Signature of Authorized Agent**