

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 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 checked="" 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>
<i>Sonia M. Mastros</i>	<i>2 Hampton Dr. Gilbertsville, PA</i>	<i>President</i>	<i>51%</i>
<i>George M. Mastros</i>	<i>2 Hampton Dr. Gilbertsville, PA</i>	<i>Vice-President</i>	<i>49%</i>

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>
NONE			

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

Name of Company Orbit Software, Inc.

Address 424 King Street

City, State, Zip Code Pottstown, PA 19464

Authorized Agent Sonia M. Mastros Title President

Sonia M. Mastros
Signature of Authorized Agent