



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Beneficial Interest and Disclosure of Ownership Affidavit

Bid No. _____ Project No./ Title Renewal of Roofing Contractor for Disaster Recovery

Corporate Name Triple M Roofing Corporation
 Tax FEIN No. 11-1986288

Before me, the undersigned authority, personally appeared, Thomas J. Milanese, ("Corporate Representative") this 7 day of March, 2013, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

| Name | Address | Percentage |
|--------------------|---|------------|
| Richard Milanese | 320 Charroux Drive, West Palm Beach, FL 33410 | 58 |
| Thomas J. Milanese | 20793 Snug Creek Court, Boca Raton, FL 33498 | 16 |
| Peter Milanese | 15 Lawrence Lake Drive, Boynton Beach, FL 33436 | 16 |

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

| Name | Address | Percentage |
|------|---------|------------|
| | | |
| | | |

C. Stock held for others and for whom held:

| 1. Name / 2. From Whom Held | Address | Percentage |
|-----------------------------|---------|------------|
| 1. _____ | | |
| 2. _____ | | |
| 1. _____ | | |
| 2. _____ | | |
| 1. _____ | | |
| 2. _____ | | |

CORPORATE REPRESENTATIVE

By: Thomas J. Milanese, President

SWORN TO and subscribed before me this _____ day of _____, 20 __, by _____ Such person(s) (Notary Public must check applicable box).

is/are personally known to me. produced a current driver license(s). produced _____ as identification.
 (NOTARY PUBLIC SEAL)

 Notary Public

 (Print, Type or Stamp Name of Notary Public)