

**State of Arkansas**  
**Attachment B - Dealer/Reseller Form**  
**Page 1 of 1**

**DEALER/RESELLERS TO BE USED FOR THIS COOPERATIVE CONTRACT.**

- **Do not** include additional information relating to dealers/resellers on this form or as an attachment to this form.

Type or Print the following information

<b>Contractor Name: XEROX CORPORATION</b>				
<b>Contractor Registration Number: 10000257</b>				
Dealer/Reseller's Company Name	Contact	Phone	Email	
<b>XEROX CORPORATION</b>	Michael Jackson	(501) 230-2794	Michael.Jackson@xerox.com	
<b>Dixie Digital Imaging</b> <i>(An Authorized Xerox Sales Agent)</i>	Kelly Smith	(479) 783-6600	Kelly@DixieDigital.com	
<b>North MS Business Products</b> <i>(An Authorized Xerox Sales Agent)</i>	Mark Foster	(662) 627-1721	Mark.Foster@nmbp-copytime.com	
<b>Total Document Solutions</b> <i>(An Authorized Xerox Sales Agent)</i>	Tim Stanley	(479) 575-0770	tim@gettdds.com	
<b>XMC</b> <i>(An Authorized Xerox Sales Agent)</i>	Steve Little	(888) 814-3114	slittle@xmcinc.com	
<b>Best Office Solutions</b> <i>(An Authorized Xerox Sales Agent)</i>	Bob Valenta	(903) 791-6080	bob@getthebos.com	

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