

STANDARD AGREEMENT —
STD. 2 (REV. 5-91)

**APPROVED BY THE
ATTORNEY GENERAL**

Contract Number TCMA-200201	Amendment Number 6
TAXPAYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER	

THIS REINSTATEMENT AND AMENDMENT, made and entered into this 1st day of July 2005, ("Effective Date") in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE Business Services Manager	AGENCY Judicial Council of California Administrative Office of the Courts 455 Golden Gate Ave. San Francisco, CA 94102	, hereafter called the State or Client, and
CONTRACTOR'S NAME ADP, Inc.		, hereafter called the Contractor.



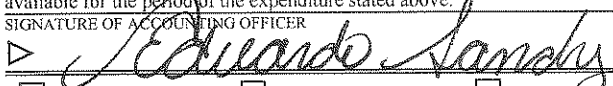
THE PARTIES HEREBY AGREE TO REINSTATE CONTRACT NO. TCMA-200201, THE TERM OF WHICH EXPIRED ON JUNE 30, 2005.

PURSUANT TO THIS SIXTH AMENDMENT TO MASTER AGREEMENT TCMA-200201 BETWEEN STATE AND ADP, INC.:

The parties have agreed to enter into negotiations to make certain amendments to the Master Agreement. In order to allow sufficient time for the negotiations, the parties have agreed to reinstate and extend the term of Master Agreement TCMA-200201 through August 31, 2005. Therefore, the expiration date of this Agreement is hereby extended to **August 31, 2005**.

Except as provided herein, all the terms and conditions of the original Master Agreement, as previously amended, shall remain in full force and effect.

IN WITNESS WHEREOF, this reinstatement and Amendment No. 6 has been entered into by the parties hereto, effective upon the Effective Date.

STATE OF CALIFORNIA		CONTRACTOR			
AGENCY Judicial Council of California		CONTRACTOR (if other than an individual, state whether a corporation, partnership, etc.) ADP, Inc. (a corporation)			
BY (AUTHORIZED SIGNATURE) 		BY (AUTHORIZED SIGNATURE) 			
PRINTED NAME OF PERSON SIGNING Grant Walker		PRINTED NAME AND TITLE OF PERSON SIGNING Kathryn F. Amooi VP/GM			
TITLE Business Services Manager		ADDRESS 3300 Olcott St, Santa Clara CA			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$0.00	PROGRAM/CATEGORY (CODE AND TITLE)	FUND TITLE Department of General Services Use Only			
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$0.00	(OPTIONAL USE) Funding information will be included in individual work orders if any.				
TOTAL AMOUNT ENCUMBERED TO DATE \$0.00	ITEM	CHAPTER	STATUTE	FISCAL YEAR	
OBJECT OF EXPENDITURE (CODE AND TITLE)					
I hereby certify upon my own personal knowledge that budgeted funds are available for the period of the expenditure stated above.		T.B.A. NO.	B.R. NO.		
SIGNATURE OF ACCOUNTING OFFICER 		DATE 8/19/05			

CONTRACTOR STATE AGENCY DEPT. OF GEN. SER. CONTROLLER