

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

**APPROVED BY THE  
ATTORNEY GENERAL**

Contract Number TCMA-200201	Amendment Number 2
TAXPAYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER	

THIS AMENDMENT, made and entered into this 19th day of August, 2004, ("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.

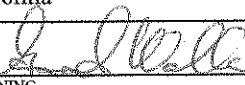

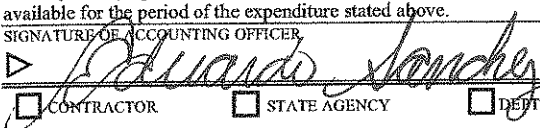
PURSUANT TO THIS SECOND AMENDMENT TO MASTER AGREEMENT TCMA-200201 BETWEEN STATE OF CALIFORNIA AND ADP, INC.:

The Contract is amended as follows:

The parties have agreed to extend term of Master Agreement TCMA-200201 through September 15, 2004; the expiration date of this Agreement is hereby extended to **September 15, 2004**.

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

IN WITNESS WHEREOF, this Agreement 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 Amodi, General Manager			
TITLE Business Services Manager		ADDRESS			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$0.00	PROGRAM/CATEGORY (CODE AND TITLE)	FUND TITLE <i>Department of General Services Use Only</i>			
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 8/04/04			
<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> STATE AGENCY		<input type="checkbox"/> DEPT. OF GEN. SER.	
		<input type="checkbox"/> CONTROLLER			