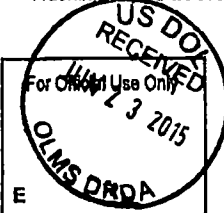


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

593953

1. File Number: C- 106595

Person Filing

2. Name and mailing address (include ZIP Code):

Name Anthony Conetta
Title Vice President/Controller
Organization Dun-Rite Specialized Carriers
P.O. Box, Bldg., Room No., if any _____
Street 96 Lake Street
City White Plains
State New York ☒ ZIP Code + 4 10604

3. Any other address where records necessary to verify this report are kept:

Name _____
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

4. Date fiscal year ends:

☐ ☒ / ☐

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify): _____

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name _____
Organization CORT BUSINESS SERVICES CORP.
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 15000 Conference Center Dr. ste 440
City Chantilly
State Virginia ☒ ZIP Code + 4 20151-3842

7. Date entered into:

5 / 19 / 2015

8. Name of person(s) through whom made:

Name Jeffrey Seidman
Name _____
Name _____
Name _____
Name _____

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed _____

President
(If other title, see
instructions)

Title Other (Specify) ☒

Individual

On

6/18/15

Date

914-946-1361

Telephone Number

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On

Date

Telephone Number

Filer: Anthony Conetta

Dun-Rite Specialized Carriers

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Spoke with employees about International Brotherhood of Teamsters, Local 814. I received no compensation for this activity.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Spoke with employees about International Brotherhood of Teamsters, Local 814. I received no compensation for this activity.

11.b. Period during which performed:

5/19/15 - 5/19/15

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Anthony ☐ Conetta

Organization Dun-Rite Specialized Carriers

P.O. Box, Bldg., Room No., if any

Street 96 Lake Street

City white Plains

State New York ☒ ZIP Code + 4 10604

Additional Name and address through whom performed, if any:

Name ☐

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time drivers, helpers, warehousemen, and refinishers employed by CORT Business Services Corp. at its North Bergen, NJ facility.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters, Local 814.