

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 6342

Amended Confirmation Number:

Employer Information

Name: Envista Holdings Corporation
Address: 200 S. Kraemer Blvd., Building E
City: Brea
State: CA
Zip Code: 92821

Plan Administrator Information

Name: Vice President, Total Rewards
Address: 200 S. Kraemer Blvd., Building E
City: Brea
State: CA
Zip Code: 92821
Phone: 7148177000
Email: costas.chrysostomou@envistaco.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Envista Holdings Corporation Executive Deferred Incentive Plan	Number of Employees: 6
ID:2	Plan Name:	Envista Holdings Corporation Deferred Compensation Plan	Number of Employees: 54
ID:3	Plan Name:	Envista Holdings Corporation Excess Contribution Program	Number of Employees: 48
ID:4	Plan Name:	Sybron Dental Specialties, Inc. Unfunded Salaried Pension Plan	Number of Employees: 22

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 6342. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.