

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

Date Completed: 12/18/2015 11:27 AM EST

Confirmation Number: 826

Amended Confirmation Number:

Employer Information

Name: All State Fastener Corporation

Address: 15460 East 12 Mile Road

City: Roseville State: MI Zip Code: 48066

Plan Administrator Information

Name: Paula Giorgio/President

Address: 15460 East 12 Mile Road

City: Roseville State: MI Zip Code: 48066

Phone: 5867735400

Email: pgiorgio@asfcomponents.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:	All State Fastener Corporation Nonqualified Deferred Compensation Plan	Number of Employees: 1
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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 826. 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.