

Marcive INC.

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June 1, 2002

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Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
United States Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210


Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

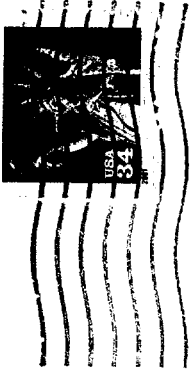
1. The name of the employer is: Marcive, Inc.
2. The mailing address of the employer is: P.O. Box 47508, San Antonio, Texas 78265-7508
3. The employer's federal identification number (EIN) is: 74-2186432
4. The number of plans and the number of participants in each plan is:
1 plan covering 2 employees. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,



Robert L. Fleming,
President



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Washinton, DC 20210

941 PROTON
SAN ANTONIO, TX 78258

