

2520032543689

September 9, 1992

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Disclosure Statement Under Reg. 2520.104-23

Name of Employer: SERIGRAPH INC.

Address of Employer: 760 Indiana Avenue
West Bend, Wisconsin 53095

Employer Identification Number: 39-1591367

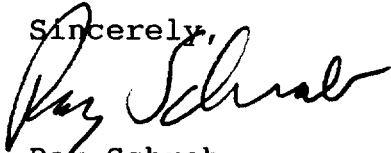
The employer maintains the following plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Plan: Specified monthly payments for 10 years following retirement at age 65.

Number of Employees in Plan: 20

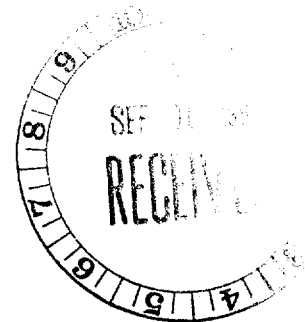
The employer will provide plan documents, if any, to the Secretary upon request as required by Sec. 104(a)(1) of ERISA.

Sincerely,



Ray Schrab
Vice President
Accounting and Finance

sab



September 10, 1992

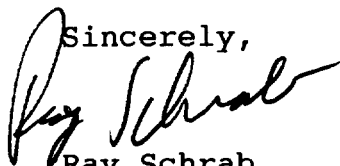
Pension and Welfare
Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5212

Dear Sir:

Regarding the Top Hat Pension Plan's grace period filing, the enclosed disclosure statement is being filed under the announced grace period. Enclosed with this filing is a check for \$1,000.

If you have any questions, please call me at 414-335-7295.

Sincerely,

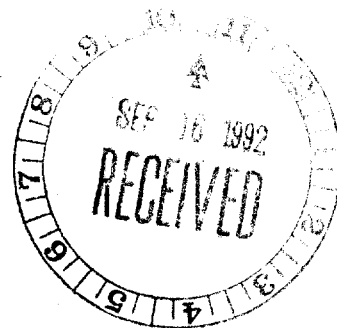


Ray Schrab
Vice President
Accounting and Finance

Enclosure

sab

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760 INDIANA AVE., WEST BEND, WI 53095
P.O. BOX 438 PHONE (414) 335-7200

NO. 077126

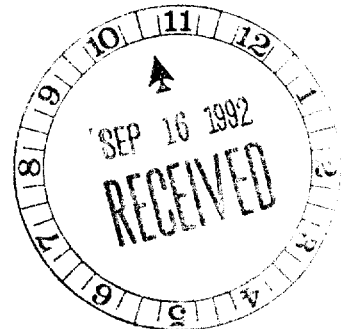
DOCUMENT NUMBER	TYPE	DOCUMENT DATE	PURCHASE ORDER NUMBER	GROSS AMOUNT	DISCOUNT AMOUNT	OTHER CHARGES	NET AMOUNT	COMMENT
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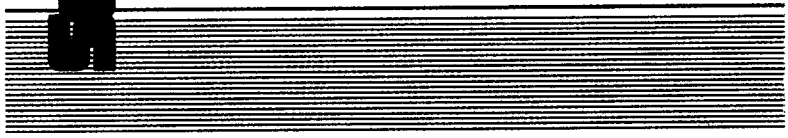
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*TYPE (I) INVOICE (C) CREDIT MEMO (D) DEBIT MEMO

PLEASE DETACH BEFORE DEPOSITING ↓

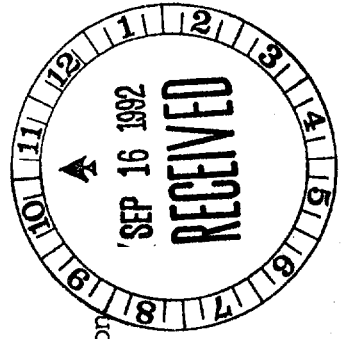
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760 INDIANA AVE., P.O. BOX
inc.

CERTIFIED
P 159 525 332
MAIL



Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5212

