



MAC LEAN-FOGG COMPANY

U.S. DEPARTMENT OF LABOR
PUBLIC DISCLOSURE
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August 1, 2002

2520032902143

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
U. S. Department of Labor
200 Constitution Ave. NW, Room N-1513
Washington, DC 20210

RE: Employer: MacLean-Fogg Company
EIN: 36-2431745
Plan Name: MacLean-Fogg Company Excess Benefit Plan (PN 888)

Dear Sir or Madam:

The MacLean-Fogg Company Excess Benefit Plan (the "Plan") is a "top hat plan". The Employer is hereby making the one-time "top hat plan" filing as described in Regulation Section 2520.104-23 by including the information contained herein and by concurrently filing a copy of this letter and attachments with the DFVC Program of the Pension and Welfare Benefits Administration in Atlanta, Georgia.

The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. As of December 31, 2001, there were a total of twelve (12) participants in the Plan.

Benefits under the Plan are paid as needed solely from the general assets of the employer.

This Plan is the only such plan currently maintained by the employer. Plan documents will be provided to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Should you have questions or need additional information, please call me at (847) 970-4618.

Sincerely,

MACLEAN-FOGG COMPANY

Jay M. Pawlak

Enclosure

cc: Mr. J. Kerry Eason, PricewaterhouseCoopers LLP

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name MACLEAN-FOGG COMPANY

b EIN
36-2431745

c PN
004

5 Preparer information (optional) a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	14
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	12
b Retired or separated participants receiving benefits	7b	0
c Other retired or separated participants entitled to future benefits	7c	0
d Subtotal. Add lines 7a, 7b, and 7c	7d	12
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	0
f Total. Add lines 7d and 7e	7f	12
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	0
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	

8 Benefits provided under the plan (complete 8a through 8c, as applicable)

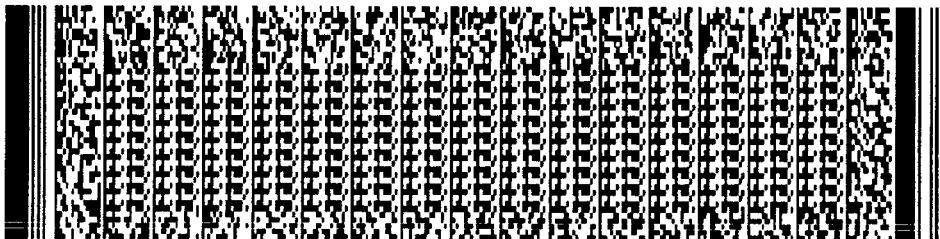
- a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 3C
- b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):
- c Fringe benefits (check this box if the plan provides fringe benefits)

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor



0 2 0 1 0 1 0 2 0 6



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) R (Retirement Plan Information)
- (2) T (Qualified Pension Plan Coverage Information)
 If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year _____
- (3) B (Actuarial Information)
- (4) E (ESOP Annual Information)
- (5) SSA (Separated Vested Participant Information)

b Financial Schedules

- (1) H (Financial Information)
- (2) I (Financial Information -- Small Plan)
- (3) A (Insurance Information)
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)
- (7) P (Trust Fiduciary Information)

c Fringe Benefit Schedule

- F (Fringe Benefit Plan Annual Information)



MacLean-Fogg Company Excess Benefit Plan
EIN: 36-2431745
PN: 888
Plan Year Ended December 31, 2001

Form 5500, Box D – DFVC Filing

Attachment to Form 5500, Line B(3) and Line D

Under Section 110 of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), the Secretary of the Department of Labor is authorized to prescribe an alternative method of satisfying ERISA Part I, Title I for unfunded pension plans maintained by an employer for the benefit of a select group of management or highly compensated employees.

The Secretary provided for such an alternative method of compliance in Department of Labor Regulation Section 2520.104-23. Pursuant to such regulation, the employer is making the one time “top hat plan” filing concurrently with the filing of the Plan’s Form 5500 for the plan year ended December 31, 2001 by filing with the Pension and Welfare Benefits Administration under the Delinquent Filer Voluntary Correction Program the information prescribed by Department of Labor Regulation Section 2520.104-23.

Therefore, the Form 5500 for the plan year ended December 31, 2001 will be the final Form 5500 filed for the Plan

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Paperwork Reduction Act Notice, see instructions on back.

File With IRS Only

File before the normal due date of the Form 5500, 5500-EZ, or 5330 (see instructions)	Name of filer, plan administrator, or plan sponsor (see instructions) MacLean-Fogg Company	Filer's Identifying Number—Check applicable box and enter number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). Filers checking box 1a must enter an EIN. All other filers, see Specific Instructions . 36-2431745 OR <input type="checkbox"/> Social security number (see Specific Instructions)
	Number, street, and room or suite no. (If a P.O. box, see instructions.) 1000 Allanson Road	
	City or town, state, and ZIP code Mundelein, IL 60060	

1 I request an extension of time until 10 / 15 / 2002 to file (check appropriate box(es)).
month day year

a Form 5500 or 5500-EZ (no more than 2½ months).

The application is automatically approved to the date shown on line 1 (above) if: (1) box 1a is checked, (2) the Form 5558 is signed and filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (3) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed below.

b Form 5330 (no more than 6 months). Payment amount attached is \$ _____ (see instructions)

2 Complete the following for the plan(s) covered by this application (see **How To File**):

Plan name/filer	Type of plan (check)			Plan number	Plan year ending		
	Pension	Welfare	Fringe		Month	Day	Year
MacLean-Fogg Company Excess Benefit Plan	X			8 : 8 : 8	12	31	2001
				⋮			
				⋮			

3 State in detail why you need the extension (if line 1b is checked) _____

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ *Catherine T. Gonzalez* Date ▶ July 31, 2002

Notice to Applicant

To Be Completed by the IRS if Line 1b is Checked

To Be Completed by the IRS if line 1b is checked ▼

- This application for extension to file Form 5330 IS approved to the date shown on line 1, if line 1b is checked. (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)
- The date entered on line 1 is more than the 6-month maximum time allowed for Form 5330. This application is approved to _____ (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)
- The application for an extension for Form 5330 is not approved, because it was filed after the normal due date of the return. (A 10-day grace period is not granted.)
- This application for an extension for Form 5330 is not approved, because
 - The application was not signed.
 - No reason was given on this application or the reason was not acceptable.
 - No payment was attached for the tax due on Form 5330.
 - Other ▶ _____

A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. (You must attach a copy of this form to each return you file that is granted a grace period.)

(Date)

(Director)

By: _____

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Please Print or Type	Name _____ Number, street, and room or suite no. (If a P.O. box, see instructions.) _____ City or town, state, and ZIP code _____	
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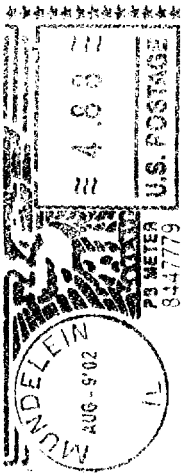
AN-FOGG COMPANY
 ANSON ROAD • MUNDELEIN, ILLINOIS 60060

5009 6885 0700 0010 5883 6005 7099 33



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE



First Class Mail

PACKAGE / BOX(S)
 XRAY - BY
 DOL POST 6

MIF
MacLEAN-FOGG COMPANY
 1000 ALLANSON ROAD • MUNDELEIN, ILLINOIS 60060

To

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