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Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

U.S. DEPARTMENT OF LABOR
ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
02 SEP 26 PM 12:10

To: U.S. Department of Labor
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional Ave. N.W.
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Bel / Kaukauna U.S.A.
2. The mailing address of the Employer is: 1500 E. North Avenue, Little Chute, WI 54140
3. The Employer Identification Number is: 22-2019556
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 38 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Bel / Kaukauna U.S.A.
A Wisconsin Corporation

By: 
Authorized Person

Dated: 9/10/02

CERTIFIED MAIL



BEL / KAUKA

7001 1940 0002 7770 9440
P.O. Box
Kaukauna, WI 54130



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Pension and Welfare Benefit Administration
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Washington, DC 20210

RETURN RECEIPT REQUESTED

20210+0001

