

# ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES

— For the Use of Legal Counsel Only —

FORM NO. 25

2520032905350

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. § 2520.104—23, the following information is provided by the undersigned employer.

Name and Address of Employer:

Great Lakes Systems, Inc  
2286 Port Sheldon Ct  
Jenison MI 49428

Employer Identification Number:

381868212

(Name of Employer) maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and  
Participants in Each  
Plan:

1 Plan covering 6 Employees (or  
Plans covering \_\_\_\_\_ and  
Employees, respectively.)

Dated 12-28, 1998.

(Name of Employer)

By   
Plan Administrator