

To: Office of Pension and Welfare Benefit Programs
Labor Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

From: Employer: Cornerstone TeleVision, Inc.
Employer Identification Number: 23-7112560
Address: Wall, PA 15148-1499

August 19, 19 93

This document constitutes the statement required by 29 C.F.R. 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to Non-Qualified Deferred Compensation Plans maintained by the above employer.

The employer currently maintains a Non-Qualified Deferred Compensation Plan for executives who are members of a select group of management or who are highly compensated. The Plan was effective 8/19, 19 93.

The number of participants in the Plan is 6.

SEP 1 1993
RECEIVED

Signed:

Plan Administrator:

Title:

Employer:

[Signature]
Board Member
Cornerstone TeleVision, Inc.

NOTE:

THIS LETTER MUST BE FILED WITHIN 120 DAYS OF PLAN ADOPTION DATE WITH THE DEPARTMENT OF LABOR.