

REPORTING AND DISCLOSURE STATEMENT*

(For Unfunded Nonqualified Deferred Compensation Plans)

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded plan of deferred compensation for a select group of management or highly compensated employees in D.O.L. Reg. Section 2520.104-23, the following information is provided by the undersigned Plan Administrator:

- 1. The name of the employer is:
C.W.D.I., INC.

- 2. The mailing address of the employer is:
P.O. Box 369, Hernando, Florida 34642

- 3. The employer's federal identification number (EIN) is:
EIN #591308802

- 4. The number of plans and the number of participants in each plan is:
One Plan / Six Participants

The above-named employer maintains this plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

(Name of Employer)

Dated: Mar 5, 1991

By: Raymond Janssen
Plan Administrator

*NOTE: This statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Section 29 CFR 2520.104-23(b)(2)). If the employer fails to comply with this requirement, the Plan Administrator must distribute and file a Summary Plan Description and meet other applicable reporting and disclosure requirements. The Statement should be mailed to: Office of Executive Benefits Security, Labor-Management Services Administration, U.S. Department of Labor, Washington DC 20216.



TO WHOM IT MAY CONCERN:

We previously submitted this letter when we had four (4) participants. We now have six (6) participants and desire they be individuals therein.

Raymond J. [Signature]
By: _____
Plan Administrator

Top Hat