

2520040153738

TO: Office of Pension Welfare Benefit Programs
Labor Management Services Administration
U.S. Department of Labor

FROM: Employer: NORTH SHORE SUPPLY INC.
Employer Identification Number: 74-1930304
Address: P O Box 9940 HOUSTON TX 77213
Date: February 10, 1995

This document constitutes the statement required by 29 C.F.R. section 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 maintains 1 non-qualified deferred compensation plan for the employee identified below who is a member of a select group of management or who is highly compensated.

Signed: [Signature]

Administrator: [Signature]

Title: Vice President

Employer: NORTH SHORE SUPPLY INC.

Employee: Louis A. Rossitto

01:10 2/10/95
RECEIVED
FEBRUARY 10 1995