

The Intec Group, Inc.
666 South Vermont Street
Palatine, Illinois 60067
847 358.0088
847 358.4391 Fax



April 9, 1996

Top Hat Plan Exemption
Pension & Welfare Benefit Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2520040154356

Re: Top Hat Exemption

Pursuant to Department of Labor Regulation 2520.104-23, the following is being provided regarding a non-qualified deferred compensation plan sponsored by our organization for a select group of management or highly compensated employees.

The Intec Group, Inc.
EIN#: 36-2252492
666 South Vermont Street
Palatine, Illinois 60067

Number of plans maintained: 2

- Deferred Incentive Compensation and Consultation Agreement with Stanley M. Perlman
- Deferred Incentive Compensation and Consultation Agreement with Gary C. White

Number of employees in each plan: 1

We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

Please contact us if you have any questions on any of the above information.

Sincerely,
The Intec Group, Inc.

Daryl M. Dishong
Chief Financial Officer

DMD/ml

TOP HAT PLAN / DEVC PROGRAM

Form **5500**
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits
Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.
▶ See separate instructions.

OMB Nos. 1210-0016
1210-0049

1995

This Form is Open to
Public Inspection.

For the calendar plan year 1995 or fiscal plan year beginning _____, 1995, and ending _____, 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only
EP-ID

- A This return/report is:
- (1) the first return/report filed for the plan;
 - (2) an amended return/report;
 - (3) the final return/report filed for the plan; or
 - (4) a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan
- C If your plan year changed since the last return/report, check here
- D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension

1a Name and address of plan sponsor (employer, if for a single-employer plan)
(Address should include room or suite no.)

The Intec Group, Inc.
666 South Vermont Street
Palatine, Illinois 60067

1b Employer identification number (EIN)
36 2252492

1c Sponsor's telephone number
(708) 358-0088

1d Business code (see instructions, page 23)

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")
Same

2b Administrator's EIN

2c Administrator's telephone number

- 3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.
- a Sponsor EIN Plan number
- b Administrator EIN
- c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.) ▶ A

5a Name of plan ▶ SEE ATTACHED

5b Effective date of plan (mo., day, yr.)
SEE ATTACHED

5c Three-digit plan number ▶ 888

6									
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All filers must complete 6a through 6d, as applicable.

- 6a Welfare benefit plan 6b Pension benefit plan
(If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

6-Top Hat Plan - Deferred Incentive Compensation Arrangement

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

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- 6d Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ *[Signature]* Date ▶ 4/9/96

Type or print name of individual signing for the employer/plan sponsor Daryl Dishong, Chief Financial Officer

Signature of plan administrator ▶ *[Signature]* Date ▶ 4/9/96

Type or print name of individual signing for the plan administrator Daryl Dishong, Chief Financial Officer

TOP HAT PLAN / DFVC PROGRAM

The Intec Group, Inc.

Form 5500

EIN: 36-2252492

Attachment

Question 5a: Name of Plan:

1. Deferred Incentive Compensation and Consultation Agreement with Stanley M. Perlman
2. Deferred Incentive Compensation and Consultation Agreement with Gary C. White

Question 5b: Effective date of Plan:

1. July 1, 1985
2. December 17, 1993