

2520040760538

UNICOTE CORPORATION  
ALTERNATIVE COMPLIANCE STATEMENT

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Top Hat Exemption  
Pension Plan Welfare Benefits  
Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Dear Sir or Madam:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I 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 the Department of Labor Regulations, 29 CFR 2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: UNICOTE CORPORATION  
33165 Groesbeck Hwy.  
P.O. Box 426  
Fraser, MI 48026

Employer Identification Number: 38-2454441

UNICOTE CORPORATION maintains a plan 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:

2 - Plans covering:  
WILLIAM STRESEN-REUTER

Dated: Aug. 7, 1995

UNICOTE CORPORATION

By: Paul L. Sossi  
PAUL L. SOSSI Chairman

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CERTIFIED MAIL/RETURN RECEIPT REQUESTED

August 10, 1995

Top Hat Exemption  
Pension Plan Welfare Benefits  
Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20216

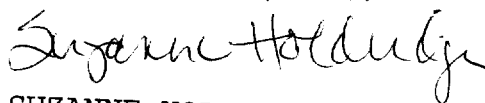
RE: Unicote Corporation

Dear Sir/Madam:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title 1 of ERISA, we have forwarded to you the enclosed Alternative Compliance Statement on behalf of our above-referenced client.

Very truly yours,

COUZENS, LANSKY, FEALK, ELLIS,  
ROEDER & LAZAR, P.C.



SUZANNE HOLDRIDGE  
Legal Assistant

SEH/  
Enclosure

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