

**Alternative Reporting And Disclosure Statement**  
**For Nonqualified Deferred Compensation Plans**

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To: U.S. Department of Labor  
 Pension and Welfare Benefit Administration  
 Room N 5638  
 200 Constitutional Ave. N.W.  
 Washington, DC 20210

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 un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Southeast Tissue Alliance, Inc.
2. The mailing address of the Employer is: 6241 NW 23 Street, Gainesville, FL 32053
3. The Employer Identification Number is: 59-3280155
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:  
One Plan(s) covering 8 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Southeast Tissue Alliance, Inc.  
 A Florida Corporation

By: \_\_\_\_\_

*Gregory J. Roberts*  
 Authorized Person

Dated: 5-31-02

SETA  
6421 NW 23rd Suite 4  
Gainesville, FL 32653



7002 2030 0000 7496 9564

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