

Date 12-16-03

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U.S. Department of Labor  
Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
200 Constitution Avenue, NW  
Washington, D.C. 20210-0002

**RE: Notice of Plan of Deferred Compensation**

Dear Sir/Madam:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation:

1 Name and Address of Employer:

**CONVEYER & CASTER CORPORATION**  
**3501 Detroit Avenue**  
**Cleveland, Ohio 44113**

2. Federal Employer Identification No. (EIN):

34- 0894599

3. The employer maintains a plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

4. One employee is covered by the plan.

Very truly yours,

CONVEYER & CASTER CORPORATION

By: A. Trevor Stohr  
A. Trevor Stohr, Secretary

**CONVEYER & CASTER** **ROWE BUMPERS**  
3501 DETROIT AVENUE • CLEVELAND, OHIO 44113



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U.S. DEPARTMENT OF LABOR  
TOP HAT PLAN EXEMPTION  
PENSION AND WELFARE BENEFITS ADMINISTRATION  
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