

MAIN OFFICE:
BRIDGE STREET
P.O. BOX 380
SO. BARRE, VT 05670
TEL. 802-479-0101
800-639-2901
FAX 802-479-0135

REYNOLDS AND SON, INC.

INDUSTRIAL • COMPRESSED AIR • TRUCK • CONSTRUCTION
EQUIPMENT AND SUPPLIES

BRANCHES:
 134 PARK STREET
RUTLAND, VT 05701
TEL. 802-775-4906
800-639-2902
FAX 802-773-6680
 1285 RIVERDALE ST.
P.O. BOX 268
W. SPRINGFIELD, MA 01089
TEL. 413-781-5800
800-332-9486
FAX 413-781-5803

2520040764902

Mailed Certified, Return
Receipt Requested

December 7th, 1992

OFFICE OF EMPLOYEE BENEFITS SECURITY
Labor Management Services Admin.
U.S. DEPARTMENT OF LABOR
Washington, D.C. 20216

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title 1 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 Department of Labor Regulations, 29 C.F.R. Sec. 2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: REYNOLDS & SON, INC.
Bridge Street P.O. Box 380
South Barre, VT 05670

Employer Identification Number: 03 0152 190

Reynolds & Son, Inc. maintains plans 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: 1 Plan covering 2 employees.

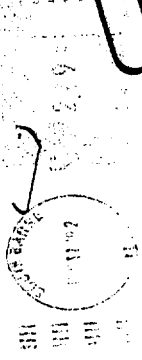
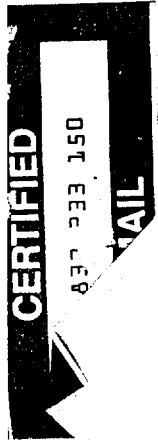
REYNOLDS & SON, INC.

Dated: December 7th, 1992

By: Bruce H. Seel
Bruce H. Seel, Pres.
Plan Administrator

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BRG/BHS/rhs

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REYNOLDS
AND SON, INC.

P.O. BOX 380
BRIDGE STREET
SO. BARRE, VT. 05670

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Washington, D. C. 20216

**RETURN RECEIPT
REQUESTED**

