

2520032034120



FLEX-ON, INC.

219 Andrews Parkway
P. O. Box 425
Senoia, Georgia 30276
404/599-6656

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

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 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 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: Flex-On, Inc.
219 Andrews Parkway
Senoia, GA 30276

Employer Identification Number: 58-1840126

Flex-On, Inc. 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:

1 Plan covering Deferred Compensation for one employee

Dated December 30, 19 92

Flex-On, Inc.

By

J. L. E. Harper

Plan Administrator

RECEIVED
12/30/92