

2520042392959

**Alternative Reporting and Disclosure Statement  
for Unfunded Non-Qualified  
Deferred Compensation Plan**

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To the Secretary of Labor:

Pursuant to Department of Labor Regulation, 29, C.F.R. §2520.104-23, and the alternative reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA") for unfunded plans for a select group of management or highly compensated employees, the following information is provided by Raymond & Prokop, P.C., legal counsel for the undersigned employer:

Name and Address of Employer: Michigan Box Company  
1910 Trombly  
Detroit, Michigan 48211

Employer Identification Number: 38-1957595

Employer maintains a plan primarily for the purpose of provided deferred compensation for a select group of management or employees.

Name of Plan: Supplemental Retirement Plan  
for Elaine L. Fontana

Number of Employees covered: One (1)

The Plan Administrator believes this alternative form of reporting is necessary, since compliance with the full reporting and disclosure requirements would both increase the cost to the Plan and impose unreasonable administrative burdens with respect to the operation of the Plan. Furthermore, the Plan Administrator believes the use of this alternative form would not be adverse to the interest of the Plan participant.

Dated: March 27, 2001

**RAYMOND & PROKOP, P.C.**

By:   
**JON P. EVERLY**



**RAYMOND & PROKOP, P.C.**  
ATTORNEYS AND COUNSELORS

• Jon P. Everly

26300 Northwestern Highway, 4th Fl. (248) 357-3010  
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Southfield, Michigan 48086-5058  
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U.S. DEPT. OF LABOR  
PUBLIC DISCLOSURE  
00 APR -6 AM 9:11

March 27, 2001

**Certified Mail - Return Receipt Requested**

U.S. Department of Labor  
Pension and Welfare Benefit Programs  
Public Disclosure Room  
Room N 5507  
2000 Constitution Avenue, N.W.  
Washington, D.C. 20210

**Re: Alternative Reporting and Disclosure Statement for Michigan Box  
Company Corporation Supplemental Employee Retirement Plan  
EIN: 38-1957595**

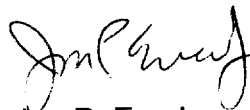
Dear Sir/Madam:

Enclosed is the original and one (1) copy of the Alternative Reporting and Disclosure Statement for Unfunded Non-Qualified Deferred Compensation Plan for Elaine L. Fontana.

Please date stamp the additional copy of the statement and return it to us in the enclosed self-addressed stamped envelope.

Sincerely,

**RAYMOND & PROKOP, P.C.**

  
Jon P. Everly

JPE/rrd

Enclosures

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**RAYMOND & PROKOP, P.C.**  
ATTORNEYS AND COUNSELORS

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P.O. Box 5058  
Southfield, Michigan 48086-5058

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**CERTIFIED MAIL**

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

U.S. Department of Labor  
Pension and Welfare Benefit Programs  
Public Disclosure Room  
Room N 5507  
2000 Constitution Avenue, N.W.  
Washington, D.C. 20210

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