

Alternative Reporting And Disclosure Statement

For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

2520043381473

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: Poly-Clip System Corporation
2. The mailing address of the Employer is: 1000 Tower Road, Mundelein, IL 60060
3. The Employer Identification Number is: 36-3262273
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 covering 2 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Poly-Clip System Corporation
An Illinois Corporation

By:

Nicholas D. Brasile

Authorized Person

Dated: _____

7/19/04



PACKAGING SOLUTIONS

Poly-clip System Corporation
1000 Tower Road, Mundelein, Illinois 60060

UNITED STATES POSTAGE
FIRST CLASS
02 1A
\$ 00.37⁰
0004318455 JUL 30 2004
MAILED FROM ZIP CODE 60060



ADDRESS SERVICE
REQUESTED



Quality