

2520043384438



FLEXcon

FLEXcon INDUSTRIAL PARK
SPENCER, MA 01562-8000
TEL: (508) 885-8200
FAX: (508) 885-8400

December 30, 1992

U.S. Department of Labor
Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5212



RE: Amnesty Program for Top-Hat Plans
29 C.F.R. Section 2520.104-23
Alternative Reporting and Disclosure Statement
for Pension Plans for Certain Selected Employees

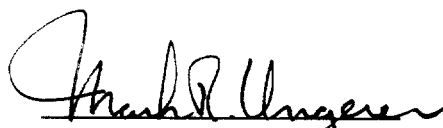
Ladies/Gentlemen:

In compliance with the requirements of 29 CFR Section 2520.104-23 and with the terms of the Department of Labor's amnesty program offer, this statement is being filed with respect to the non-qualified deferred compensation plans maintained by FLEXcon COMPANY, INC., FLEXcon Industrial Park, Spencer, Massachusetts 01562, employer identification number 04-2266945.

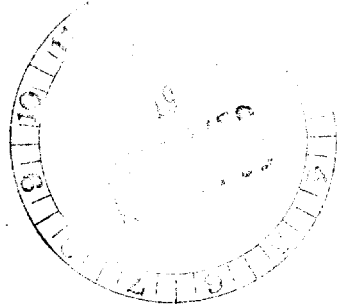
Currently the employer maintains, primarily for the purpose of providing deferred compensation to a select group of highly compensated or management employees, 9 individual deferred compensation agreements each covering one individual.

Enclosed is payment of the required civil penalty of \$1,000.

FLEXcon COMPANY, INC.

By: 
Mark R. Ungerer, Plan Administrator

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MRU

FLEXCON

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U.S. Department of Labor
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P.O. Box 75212
Washington, D.C. 20013-5212

P.O./REFERENCE	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNTS	NET AMOUNT
TOTALS ▲					

PLEASE DETACH AND RETAIN BEFORE DEPOSITING



FLEXCON
COMPANY, INC.
FLEXCON INDUSTRIAL PARK
SPENCER, MA 01562

8 LINES/INCH

RB 61 1 1 1 7 1 0 8 X US POST OFFICE TO ADDRESSEE

ORIGIN		Date	Time	Postage
Post Office	91562	1/27/71	11:00 A.M.	\$1.95
Zip Code				
Initials of Receiving Clerk	JKH	Weight		
		Lbs. Oz.		
ACCEPTANCE		International Country Code		
<input type="checkbox"/> Next Day Delivery	<input type="checkbox"/> Second Day Delivery			
<input checked="" type="checkbox"/> By 12 Noon	<input type="checkbox"/> By 3:00 P.M.			
<input type="checkbox"/> Military 2nd Day	<input type="checkbox"/> Military 3rd Day			
Express Mail Corporate Account No.	Federal Agency Account No.:			
FROM:		Total Postage & Fees		
L. White		\$2.95		
FLEXION CO INC				
FLEXION INDUSTRIAL PARK				
P O BOX 5900				
SPRINGFIELD MA 01104-5900				

ADDRESSEE'S COPY

DESTINATION	Date of Delivery	M	D	Y	Time of Delivery	A.M.	P.M.
<input checked="" type="checkbox"/> Signature of Addressee or Agent							
DELIVERY WAS ATTEMPTED	Date:	M	D	Y	Time:	A.M.	P.M.
Employee	1.						
	2.						
Waiver of Signature and Indemnity (Domestic Only)	I wish delivery to be made without obtaining the signature of the addressee or the addressee's agent (if in the judgment I authorize the delivery employee to sign that the shipment was delivered and understand that the signature of the delivery employee will constitute valid proof of delivery.)						
SIGNED:	_____						
TO:	Telephone Number: _____						
U.S. Department of Labor Pension and Welfare Benefits Admin. P.O. Box 75212 Washington, D.C. 20013-5212							



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EP 732 FEBRUARY 1991

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