

Appendix V C-2

ALTERNATE STATEMENT FOR REPORTING AND DISCLOSURE
(For Deferred Compensation Plans)

TO: Office of Pension and Welfare Benefit Programs
Labor Management-Services Administration
U.S. Department of Labor
Washington, DC 20216

FROM: Employer: Robison + Smith INC
Employer Identification Number: 14-1009105
Address: 335 N. Main St
Gloucesterville, NY 12078

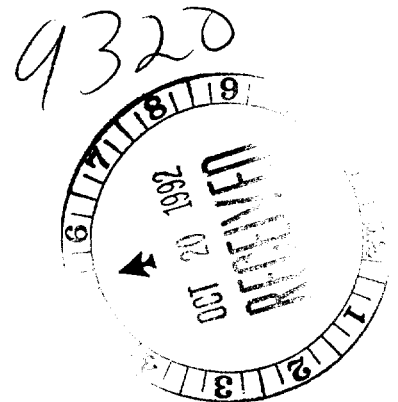
9/23, 1992

This document constitutes the statement required by 29 C.F.R., §2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to nonqualified deferred compensation plans maintained by the above employer.

The employer currently maintains 1 nonqualified deferred compensation plan(s) for employees who are members of a select group of management or who are highly compensated.

The number of participants in each plan is as follows:

Plan 1 7
Plan 2 _____
Plan 3 _____

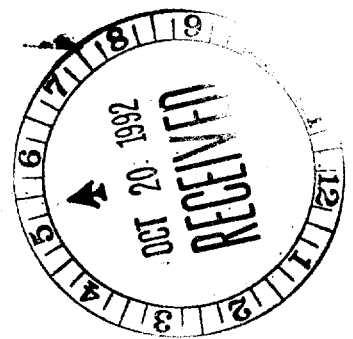


[signed]

Administrator: Richard C. Smith
Title: President of
Employer: Robison + Smith INC.

9320

ENCLOSURE WALKLET



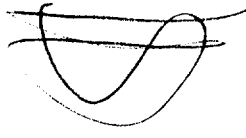
DeMARIA, CHRISEY & LOVELL, INC.

74 CHAPEL STREET, PO. BOX 389
ALBANY, NEW YORK 12201

P 417 122 622

MAIL

**RETURN RECEIPT
REQUESTED**



*OFFICE OF Pension AND
Welfare Benefit Programs
Labor Management - Services Administration
U.S. Dept of Labor
Washington, D.C. 20216*

