

**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

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: Mycone Dental Supply Co., Inc.
2. The mailing address of the Employer is: 616 Hollywood Ave., Cherry Hill, NJ 08002
3. The Employer Identification Number is: 13-1869682
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(s) covering 1 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Mycone Dental Supply Co., Inc.  
A New York Corporation

By: \_\_\_\_\_

Authorized Person

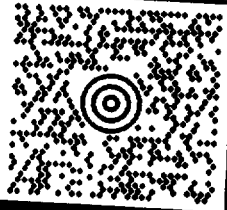
Dated: March 1, 2005

ALAN BRECHER  
610-233-1811  
PRINCIPAL/DVPG FINANCIAL GROUP  
3200 HORIZON DR., STE 100  
KING OF PRUSSIA PA 19406

2 LBS

1 OF 1

**SHIP TO:**  
EMPLOYEE BENEFITS SECURITY ADMINIST  
TOP HAT PLAN EXEMPTION  
US DEPARTMENT OF LABOR  
200 CONSTITUTION AVE. N.W.  
ROOM N1513  
**WASHINGTON DC 20210-0001**



**MD 200 0-52**



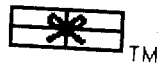
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BILLING: P/P



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