

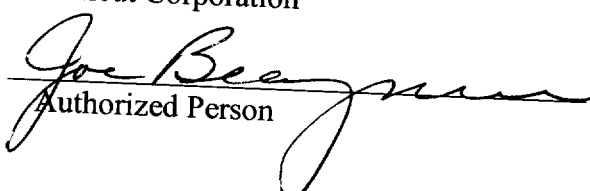
**Alternative Reporting And Disclosure Statement**  
**For Nonqualified Deferred Compensation Plans**

To: U.S. Department of Labor  
Pension and Welfare Benefit Administration  
Room N 5638  
200 Constitutional Ave. N.W.  
Washington, DC 20210

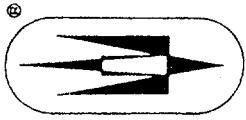
In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: NIDA Corporation
2. The mailing address of the Employer is: 300 S. John Rodes Blvd., Melbourne, FL 32904
3. The Employer Identification Number is: 06-0884221
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 10 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

NIDA Corporation  
A Connecticut Corporation

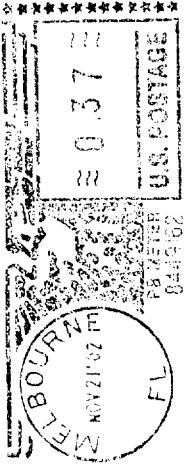
By:   
Authorized Person

Dated: \_\_\_\_\_



**NIDA**

300 S. JOHN RODES BOULEVARD  
MELBOURNE, FLORIDA 32904



U.S. Department of Labor  
Pension and Welfare Benefit Administration  
Room N. 5638  
200 Constitutional Ave. N.W.  
Washington, DC 20210

20210+0001

