

2520005098917

**SCHMALBACH-LUBECA**



**Plastic Containers**

U.S. POSTAGE PERMIT NO. 1000  
MANCHESTER, MI 48158  
00 000 21 11 9:52

December 13, 2000

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, D.C. 20210

Re: Schmalbach-Lubeca Plastic Containers USA, Inc. Deferred Compensation Plan

Dear Sir or Madam:

On behalf of Schmalbach-Lubeca Plastic Containers USA, Inc. and pursuant to Dept. of Labor regulation 29 C.F. R. §2520 104-23, we hereby notify you that the caption plan intends to satisfy the disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974 by utilizing the alternate method of disclosure contained in this regulation. Pursuant to this regulation, the name, address, and identification number of the employer are:

Schmalbach-Lubeca Plastic Containers USA, Inc.  
10521 Highway M-52  
Manchester, MI 48158  
Employer Identification Number: 36-4126680

The employer is part of a controlled group of corporations as defined in Section 414 of the Internal Revenue Code of 1986, but only the above U.S. member of its controlled group participates in this plan. The captioned plan was effective on September 5, 2000. The purpose of the plan primarily is to provide deferred compensation to a select group of management or highly compensated employees. Our client sponsors only one such plan, and as of the plan's adoption date, eight employees participate in this plan.

If you require additional information with regard to this plan, you may contact the undersigned at (734) 428--4734 or the employer's above address.

Cordially yours,

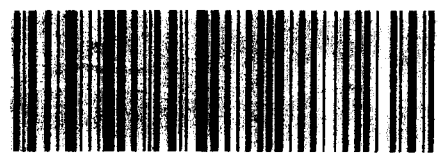


Robert D. Picken  
Vice President Human Resources

Cc: James McElyea  
Diane Morgenthaler

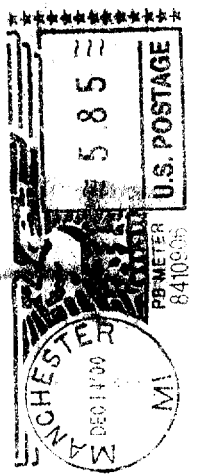
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**CERTIFIED MAIL**

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Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.85</b>



**Recipient's Name (Please Print Clearly) (To be completed by mailer)**  
 U.S. DEPT. OF LABOR ROOM N-5644  
 Street, Apt. No., or PO Box No.  
 200 CONSTITUTION AVE N.W.  
 City, State, ZIP+4  
 WASHINGTON, D.C. 20210  
**PS Form 3800, February 2000** See Reverse for Instructions