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July 19, 2000

WRITER'S DIRECT DIAL:

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

Re: Electrex Co., Inc.  
Supplemental Retirement Agreements

To the Secretary of Labor:

This is to comply with the requirements of the alternative reporting and disclosure method under ERISA, Part I, Title I, as provided for an unfunded or insured pension plan for a select group of management or highly-compensated employees in DOL Reg. §2520.104-23. The undersigned hereby provides the following information:

1. The name of Employer is: Electrex Co., Inc. 3/3
2. The mailing and street address of the Employer is: 40951 Irwin, Harrison Township, Michigan 48045.
3. The Employer Identification Number is: 38-1856131
4. The number of plans and the number of participants in each plan is: Three (3) plans covering one (1) employee in each plan and each plan is called the Electrex Co., Inc. Supplemental Retirement Agreement.

The above-named Employer maintains these plans primarily for the purpose of providing deferred compensation in the form of salary continuation benefits to a select group of management or highly-compensated employees. The Employer will provide a copy of the plan documents to the Secretary of Labor upon request.

Very truly yours,



Sarah A. Clarkson

SAC/km  
cc: Electrex Co., Inc.

