



2520052090672

February 10, 2000

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

Re: Datex-Ohmeda, Inc.

Dear Sir or Madam:

Pursuant to Department of Labor Regulation §2520.104-23(b), I hereby file the following statement of an alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded pension plans maintained for a select group of management or highly compensated employees.

Name of the employer: Datex-Ohmeda, Inc.

Address of the employer: 3 Highwood Drive
Tewksbury, MA 01876

Employer identification number of the employer: 22-3029570

Datex-Ohmeda, Inc. maintains the following plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

Name of Plan	Number of Employees Participating in the Plan
Datex-Ohmeda, Inc. Voluntary Deferred Compensation Plan	6



If you require any further information or documentation, kindly contact the undersigned.
Documents will be provided upon request.

Please acknowledge receipt of this letter by stamping and returning the enclosed
photocopy in the self-addressed stamped envelope provided for your convenience.

Sincerely,

Pat Tully
Plan Administrator

Enclosure



Datex-Ohmeda, Inc.
Three Highwood Drive
Tewksbury, MA 01876

CERTIFIED

P 336 286 735

MAIL

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