

U.S. DEPT. OF LABOR  
PWBA/PUBLIC DISCLOSURE  
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Date 6/25/01

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Office of Pension and Welfare Benefit Program  
Labor Management Service Administration  
US Department of Labor  
Washington, DC 20216

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its nonqualified deferred compensation plan(s).

1.	<del>Greshler's</del> <u>Greschlers' Inc</u>	Company Name
	660 Fifth Avenue	Address
	Brooklyn, NY 11215	City and State

2. Employer ID Number 11-2099583

3. The employer maintains one plan of nonqualified deferred compensation primarily for the purpose of providing deferred compensation to a select group of management of highly compensated employees.

4. The number of employees are covered by such plans is 1.

Very truly yours,

Name of  
Fiduciary: Kevin P. Boyd

Title: President

Of Employer: Greshler's, Inc.

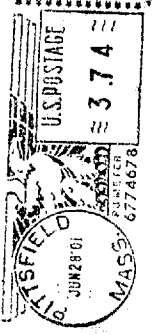
**Peter E. Smith  
Associates**  
703 West Housatonic St., Suite 151  
Pittsfield, MA 01201

**CERTIFIED MAIL**



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*Return Receipt Requested*



*[Handwritten signature]*

OFFICE OF PENSION AND WELFARE BENEFIT PROGRAM  
LABOR MANAGEMENT SERVICE ADMINISTRATION  
US DEPARTMENT OF LABOR  
WASHINGTON, DC 20216

