



General Credit Forms, Incorporated

2520053322384  
U.S. DEPT. OF LABOR  
PUBA/PUBLIC DISCLOSURE  
00 OCT 16 PM 1:42

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT  
FOR UNFUNDED NONQUALIFIED DEFERRED COMPENSATION PLANS**

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-6544  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. Sec. 2520.104-23, the following information is provided

*Name and Address of Employer:*

General Credit Forms, Inc.  
3595 Rider Trail South  
Earth City, MO 63045

*Employer Identification Number:* 43-0988997

General Credit Forms, Inc. maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Participants in each Plan: One Plan covering 16 employees.

Dated: October 1, 2000

Name of Employer: General Credit Forms, Inc.

By: Byron A. Evaldi - VP + CFO  
Plan Administrator



General Credit Forms, Incorporated  
3595 Rider Trail South, Earth City, Missouri 63045

**CERTIFIED**

Z 372 069 756

**MAIL**

*RETURN RECEIPT REQUESTED*

*RS*  
Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-6544  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Washington, DC 20210

U.S. POSTAGE  
PAID  
SAINT CHARLES, MO  
63301  
OCT 10 2008  
AMOUNT

**\$2.98**  
00046424-08



0000

