

2520060620883

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
NONQUALIFIED DEFERRED COMPENSATION PLAN

05 DEC 14 AM 6:42

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Ave, NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this plan are paid as needed solely from the general assets of that Employer.

Employer's Name: The CompuMentor Project

Employer's address: 435 Brannan St., Ste 100, San Francisco, CA 94107

Employer identification number: 94-3070617

Flexible Premium Deferred Annuity Policy, which covers 5 participants

Total number of plans: 1

Daniel Ben Horin
Plan Administrator of the Plans Specified Above

By: Daniel Ben Horin

Date: 12/6/05

COMP U AND ...
HBS BRANNAN, #100
SAN FRANCISCO, CA 94107

TOX HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY
ROOM N-56HM
US DEPT MENT OF LABOR
200 CONSTITUTION AVE, NW
WASHINGTON, DC 20400

ADMINISTRATIVE

