

TOP-HAT PLAN EXEMPTION STATEMENT¹

2520070730601

Top-Hat Plan Exemption
EBSA
Room N-1513
U.S. Department of Labor
200 Constitution Ave., NW
Washington, D.C. 20210

06 DEC 27 PM 12: 51

Employer Name: SCREENFLEX PORTABLE PARTITIONS, INC.

Address: 585 CAPITAL DR., LAKE ZURICH, IL 60047

Employer EIN: 36-3631643

The Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

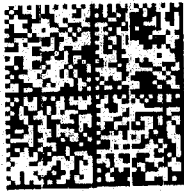
Number of Plans: SCREENFLEX DEFERRED COMPENSATION PLAN

Number of Employees in Plan(s): 6

¹ To avoid an annual return (Form 5500) filing requirement, the employer must submit this statement to the DOL no later than 120 days after the plan becomes subject to Part 1 of Title 1 of ERISA. DOL Reg. §2520.104-23(b). A plan generally becomes subject to Part 1 of the Title 1 of ERISA on the later of the date of adoption or the effective date of the plan. See DOL Reg. §2520.104b-2(a)(3). Only one statement is required per employer maintaining the plan or plans.

SCREENFLEX
585 CAPITAL MINE
LAKE WUCH, D. 60047

**FIRST
CLASS**



045183066900
\$0.390
12/21/2006
Mailed From 60047
US POSTAGE

TOP-HAT PLAN EXEMPTION
EBSA
ROOM N-1513
U.S. DEPARTMENT OF LABOR
200 CONSTITUTION AVE., NW
WASHINGTON, D.C. 20210

20210+0000