

Burke, Inc.
Voluntary Deferred Compensation Plan

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

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. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Burke, Inc.
805 Central Avenue
Cincinnati, OH 45202-1972

Employer Identification Number: 31-1271870

Burke, Inc. 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 and Participants
in Each Plan:

_____ Plan covering _____ Employees (or
2 Plans covering 2 and
7 Employees, respectively.)

Dated February 21, 2007.

Burke, Inc.

By: *My Zell Meyer, CPA*

Title: Sr. VP Finance & Admin Services

This form should be mailed to:

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210

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805 Central Avenue | Cincinnati, OH 45202



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Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Ave., NW, N-1513
Washington, DC 20210

RETURN RECEIPT
REQUESTED

