



Performance that sets the standard

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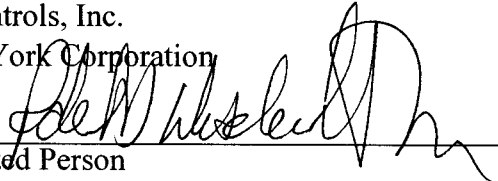
Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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

1. The name of the Employer is: ACI Controls, Inc.
2. The mailing address of the Employer is: 295 Main Street
West Seneca, NY 14224
3. The Employer Identification Number is: 16-1164162
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 5 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

ACI Controls, Inc.
A New York Corporation

By: 
Authorized Person

Dated: 9-18-07

DD 2375	295 Main Street West Seneca, New York 14224 1 Telephone 716 675-9450 Fax 716 675-1906	5604 Business Avenue Cicero, New York 13039 Telephone 315 452-1171 Fax 315 452-4608
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