

07 DEC 17 AM 4:22

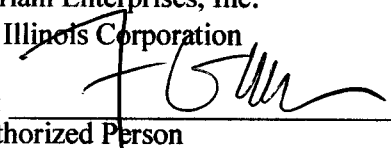
**Alternative Reporting And Disclosure Statement  
For Nonqualified Deferred Compensation Plans**

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: Mariani Enterprises, Inc.
2. The mailing address of the Employer is: 300 Rockland Road  
Lake Bluff, IL 60044
3. The Employer Identification Number is: 36-3309795
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 15 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Mariani Enterprises, Inc.  
An Illinois Corporation

By:   
Authorized Person

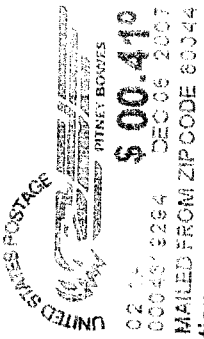
Dated: 11-30-2007





Landscape

300 Rockland Road  
Lake Bluff, Illinois 60044



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

