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09/20/10 2:26

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

Re: ***Alternative Method of Compliance with Reporting and Disclosure Requirements Pursuant to Section 2520.104-23 of the Department of Labor Regulations***

Dear Sir or Madam:

This statement is being filed in accordance with the requirements of the captioned regulations and also in lieu of filing Internal Revenue Service Form 5500:

I. EMPLOYER NAME, ADDRESS AND TAXPAYER IDENTIFICATION NUMBER:

Consolidated Safety Services, Inc.
10301 Democracy Lane
Fairfax, Virginia 22030-2545
Employer Identification Number: 54-1480935

II. STATEMENT AS TO PLAN:

Consolidated Safety Services, Inc. maintains, at the above address, the Consolidated Safety Services, Inc. Equity Compensation Plan ("Plan") which provides deferred compensation to a select group of management and key employees.

III. ERISA COMPLIANCE:

The Employer is making this filing solely as a protective measure in the unlikely event its Plan would be determined at some point to be an employee benefit plan as defined in section 3(3) of ERISA. This form and this filing are not, and should not be construed as, an admission by the Employer that the Plan is an employee benefit plan subject to ERISA for any purpose.

703.691.4612 P
800.888.4612 P
703.691.4615 F
10301 Democracy Lane, Suite 300
Fairfax, Virginia 22030-2545

www.consolidatedsafety.com

IV. COPY OF PLAN:

A copy of the Plan will be provided to the Department of Labor upon request.

Sincerely,



Consolidated Safety Services, Inc.

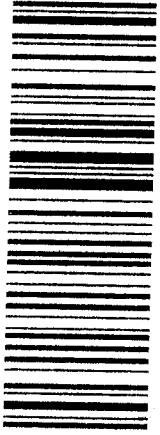
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Fairfax, Virginia 22030-2545

www.consolidated-safety.com

Morgan Lewis
C O U N S E L O R S A T L A W

1111 Pennsylvania Avenue, NW
Washington, DC 20004

CERTIFIED MAIL



7002 0510 0003 7996 5763



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