

TOP HAT PLAN EXEMPTION DECLARATION

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

08 SEP -0 AM 11:30

Pursuant to 29 CFR §2520.104-23, the undersigned administrator files the information below and declares that the employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

The name of the employer is: **Hanlin Rainaldi Construction Corp.**

The mailing address of the employer is: **6610 Singletree Drive
 Columbus OH 43229**

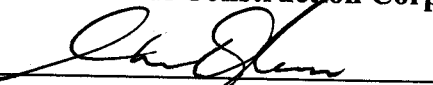
The employer's employer identification number is: **31-1356623**

The number of such plans is: **1**

The number of employees in each plan is: **9 (Nine)**

The employer will provide plan documents, if any, to the Secretary upon request as required by section 104(a)(6) of the Act.

Hanlin Rainaldi Construction Corp.

By: 
 Authorized Representative

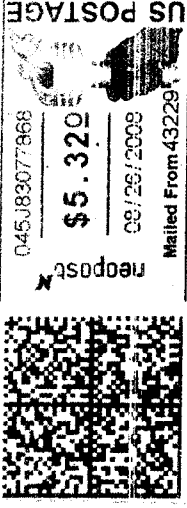
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COLUMBUS, OH 43229



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