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October 21, 2008

The ANGELL Pension Group, Inc.
Actuaries, Consultants and Administrators for Employee Benefit Plans
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CERTIFIED MAIL, RETURN RECEIPT REQUESTED

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

Re: *Stride & Associates, Inc. Nonqualified Plan*

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Stride & Associates, Inc. Nonqualified Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

A handwritten signature in black ink, appearing to read "Peter L. Karlson".

Peter L. Karlson, J.D., LL.M.
Vice President
General Counsel

PLK/tad
TOPHAT DOL LTR.DOC\12891-01

Enclosure

cc: Krista Weeks, *Stride & Associates, Inc.*

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Stride & Associates, Inc.
206 Newbury Street
Boston, MA 02116*

EIN of Employer: *13-3789932*

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

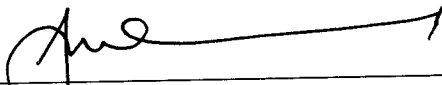
Name of Plan: *Stride & Associates, Inc. Nonqualified Plan*

Date of Adoption of Plan: *September 17, 2008*

Number of Plans: *One (1)*

Number of Members of Plan: *Eighteen (18)*

STRIDE & ASSOCIATES, INC.

By:  _____

Dated: *10/7/08* _____

