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**DEVANLAY**  
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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: Devanlay US, Inc.
2. The mailing address of the Employer is: 551 Madison Avenue  
New York, NY 10022
3. The Employer Identification Number is: 51-0344845
4. The above named Employer maintains a Plan 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 16 Eligible Employees.

6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

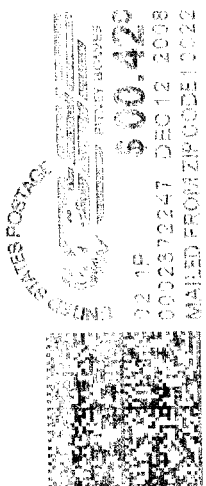
Devanlay US, Inc.  
A Delaware Corporation

By: \_\_\_\_\_  
Authorized Person



Gerard Peng

Dated: 11/5/08



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U.S. DEPARTMENT OF LABOR  
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