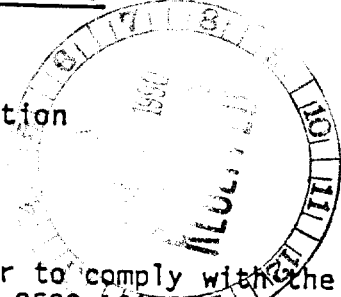


2520032065906

EMPLOYER'S STATEMENT ON ITS
UNFUNDED DEFERRED COMPENSATION PLANS

TO: Office of Employee Benefits Security
Labor - Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216



This statement is filed by the Plan Administrator to comply with the filing requirements provided by DOL Reg. Section 2520.108-43 for the alternative method of compliance for pension plans for certain selected employees.

Employer Information

Name DO-IT CORPORATION

Address P.O. BOX 592 SOUTH HAVEN, MI 49090

Employer Identification No. 36-1113270

Plan Information

Number of Plans 1

Number of Employees in Each Plan 3

Declaration

The undersigned Plan Administrator hereby declares that the employer maintains the plan(s) referred to above primarily for the purpose of providing unfunded deferred compensation for a select group of management or highly compensated employees.

Date February 22, 1990

By: *Tyrone Wallace*
(Signature)

Tyrone Wallace
(Type or Print Name)

PLAN ADMINSTRATOR