



EBSA/PUBLIC DISCLOSURE

2010 FEB -2 AM 8:09

**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 the 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: **System 1 Inc. / Varsity Garcia**
2. The mailing address of the employer is: **3720 W. 72nd Avenue, Westminster, CO 80030**
3. The employer identification number is: **82-0453817**
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 2 eligible employees.
6. The employer will provide a copy of the agreement to the office of employee benefits security administration upon request.

**System 1 Inc./ Varsity Garcia
A STATE corporation**

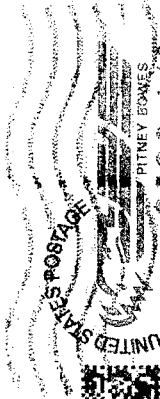
By *Robert Henriquez* Trustee
Authorized Person

Dated: 26 JAN 2010

System I / Ursity Garcia
3720 W. 72nd Ave
Westminster Co. 80030

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MAILED FROM ZIP CODE 63202

Top Hat Plan Exemplary
Employee Benefits Security Admin
Room N1513
U.S. Dept. of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

