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2010 FEB 16 AM 8:59

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February 1, 2010

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

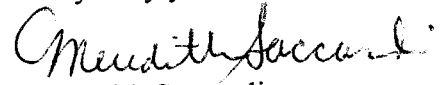
Re: Shamrock Technologies, Inc. 2007 Stock Appreciation Rights Plan ("Plan")

Dear Sir or Madam:

We are enclosing the registration statement required by DOL Reg. §2520.104-23 to exempt the Plan from the Form 5500 filing requirements. Contemporaneously with this filing, the employer-sponsor is filing the required documentation and penalties as provided in the DFVC Program.

Thank you for your attention.

Very truly yours,

  
Meredith Saccardi

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## TOP-HAT PLAN EXEMPTION STATEMENT

U.S. Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Avenue, N.W., N-1513  
Washington, D.C. 20210

The Plan Name: Shamrock Technologies, Inc. 2007 Stock Appreciation Rights Plan  
(the "Plan")

Employer Name: Shamrock Technologies, Inc.

Employer's Address: c/o Joseph Shade  
Shamrock Technologies, Inc.  
Foot of Pacific Street  
Newark, NJ 07714

Employer's EIN: 13-1568209

Number of Participants  
in the Plan: 9

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



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DFVC Program  
P.O. Box 70933  
Charlotte, NC 28272-0933

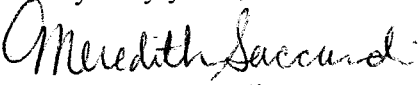
Re: Shamrock Technologies, Inc. 2007 Stock Appreciation Rights Plan ("Plan")

Dear Sir or Madam:

This filing complies with the DFVC Program with respect to the Plan's failure to file the registration statement described in DOL Reg. §2520.204-23. We are enclosing the following with respect to the Plan:

1. One current year Form 5500 (without schedules or attachments), dated and signed by the plan administrator, with items 1a, 1b, and 2a through 2c completed.
2. A check in the amount of \$750, payable to "U.S. Department of Labor."

Thank you for your attention.

Very truly yours,  
  
Meredith Saccardi

**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  
 Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
 OMB Nos. 1210-0110  
 1210-0089  
**2008**  
 This Form is Open to Public Inspection.

**Part I Annual Report Identification Information**  
 For the calendar plan year 2008 or fiscal plan year beginning 01/28/2008 and ending 02/01/2009

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here \_\_\_\_\_
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) \_\_\_\_\_

**Part II Basic Plan Information - enter all requested information.**

<b>1a</b> Name of plan Shamrock Technologies, Inc. 2007 Stock Appreciation Rights Plan	<b>1b</b> Three-digit plan number (PN) <u>888</u>
	<b>1c</b> Effective date of plan (mo., day, yr.) <u>08/29/2007</u>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Shamrock Technologies, Inc. Foot of Pacific Street  Newark NJ 07114	<b>2b</b> Employer Identification Number (EIN) <u>13-1568209</u>
	<b>2c</b> Sponsor's telephone number <u>973-242-2999</u>
	<b>2d</b> Business code (see instructions) <u>326100</u>

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN HERE** William B. Neuberg 1/28/10  
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

**SIGN HERE** William B. Neuberg 1/28/10  
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Form 5500 (2008)



<b>3 a</b> Plan administrator's name and address (If same as plan sponsor, enter "Same") Same	<b>3 b</b> Administrator's EIN
	<b>3 c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: <b>a</b> Sponsor's name	<b>b</b> EIN
	<b>c</b> PN

<b>5</b> Preparer information (optional) <b>a</b> Name (including firm name, if applicable) and address	<b>b</b> EIN
	<b>c</b> Telephone number

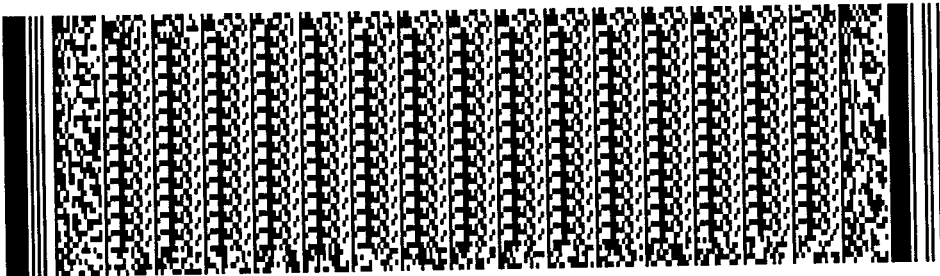
<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	
<b>a</b> Active participants	<b>7a</b>
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b> 0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b> 0
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

**a**  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

**b**  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

<b>9 a</b> Plan funding arrangement (check all that apply)	<b>9 b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor



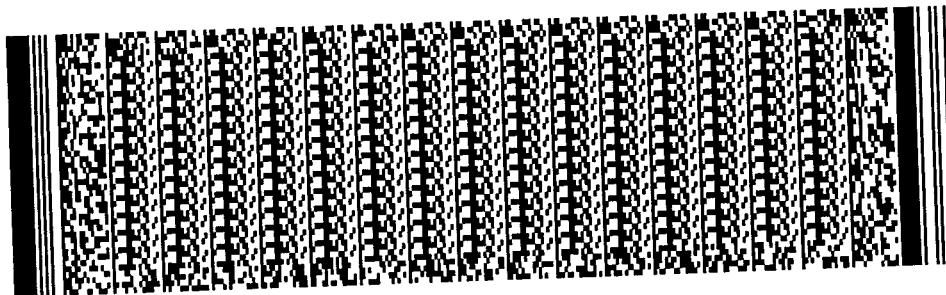
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

**a Pension Benefit Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **B** (Actuarial Information)
- (3)  **E** (ESOP Annual Information)
- (4)  **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information - - Small Plan)
- (3)  **A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)



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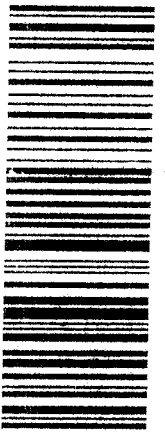






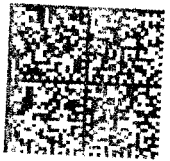
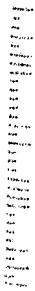
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**UNITED STATES MAIL**



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