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EBSA/PUBLIC DISCLOSURE
2011 NOV -1 PM 12:11

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: AmeriFleet Transportation, Inc.
2. The mailing address of the Employer is: 1360 Union Hill Road, Bldg. 2
Alpharetta, GA 30004
3. The Employer Identification Number is: 58-2339967
4. The above named Employer maintains a Plan (or Plans) 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(s) covering 5 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

AmeriFleet Transportation, Inc.
A Nevada Corporation

By: 
Authorized Person



Dated: 10/25/11
DD 2375

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SAFE | RESPONSIVE | ONE COMPANY

1360 Union Hill Rd., Bldg. Two Alpharetta, Georgia 30004
Phone: (800) 728-9235 | Fax: (800) 309-0464 | Website: www.amerifleet.com

AMERIFLEET
TRANSPORTATION
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Alpharetta, GA 30004

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