

2012 JUN 22 PM 2:30

June 14, 2012

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

Re: **DSC Logistics Nonqualified Deferred Compensation Plan**

Dear Sir/Madam:

In accordance with 29 CFR 2520.104-23, on behalf of the DSC logistics ("Employer"), and pursuant to the original establishment of the DSC Logistics Nonqualified Deferred Compensation Plan ("Plan"), we hereby provide you with the information set forth below:

Name and Address of Company:

DSC Logistics, Inc.
1750 S. Wolf Road
Des Plaines, IL 60018

Employer's Taxpayer Identification Number:
36-3620628

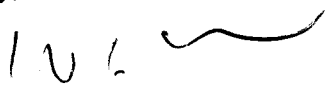
Required Declaration:

The Employer sponsors the Plan, which has the effect of deferring compensation for a select group of management or highly compensated employees. Benefits are paid out of the general assets of the Employer.

Currently, DSC Logistics, Inc. maintains one (1) nonqualified plan(s). There are seventeen employees eligible to participate in all nonqualified plans maintained by the Employer. Specifically, the DSC Logistics, Inc Nonqualified Deferred Compensation Plan has fourteen employees participating. The Plan's effective date is December 31, 1995, amended and restated January 1, 2005; amended and restated January 1, 2008.

If you have any questions about this matter, please contact the undersigned.

Sincerely,



Verlyn Suderman
VP, General Counsel

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

June 14, 2012

DFVCP
P.O. Box 71361
Philadelphia, PA 19176-1361

Re: **DSC Logistics Nonqualified Deferred Compensation Plan**

Dear Sir/Madam:

In accordance with the Delinquent Filer Voluntary Compliance Program and 29 CFR 2520.104-23, on behalf of the DSC logistics ("Employer"), and pursuant to the original establishment of the DSC Logistics Nonqualified Deferred Compensation Plan ("Plan"), we hereby provide you with the information set forth below:

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1750 S. Wolf Road
Des Plaines, IL 60018

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If you have any questions about this matter, please contact the undersigned.

Sincerely,



Verlyn Suderman
VP, General Counsel

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

DSC LOGISTICS, INC.

1750 S. Wolf Road

Des Plaines IL 60018

Bank of America
Chicago, Illinois
0710

15326153

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning _____ and ending _____

- A** This return/report is for:
- a multiemployer plan;
 - a single-employer plan;
 - a multiple-employer plan; or
 - a DFE (specify) _____
- B** This return/report is:
- the first return/report;
 - an amended return/report;
 - the final return/report;
 - a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here:
- D** Check box if filing under:
- Form 5558;
 - automatic extension;
 - special extension (enter description) _____
 - the DFVC program;

Part II Basic Plan Information—enter all requested information

1a Name of plan

DSC Logistics Deferred Compensation Plan

1b Three-digit plan number (PN) **888**

1c Effective date of plan
12/31/1995

2b Employer Identification Number (EIN)
36-3620628

2c Sponsor's telephone number
874-635-4131

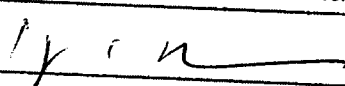
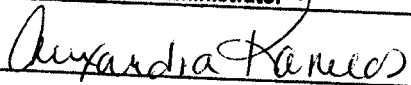
2d Business code (see instructions)

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

DSC Logistics, Inc.
1750 S. Wolf Road
Des Plaines, IL 60018

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, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		6-15-12	Verlyn Suderman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6-15-12	Alexandra Kanelos
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") <p style="text-align: center;">Same</p>	3b Administrator's EIN Same 3c Administrator's telephone number Same
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4 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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	
a Active participants	6a
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a, 6b, and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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CERTIFIED MAIL™



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305 05

ZIP 60018
941611216504

**LOGISTICS AND
SUPPLY CHAIN MANAGEMENT**

1750 South Wolf Road Des Plaines, IL 60018

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Employee Benefits Security Administration, Room N-1513
U.S. Departments of Labor
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