



PROCACCI BROTHERS SALES CORPORATION

2520122140756

OCT 24 2012

**Alternative Reporting And Disclosure Statement  
For Nonqualified Deferred Compensation Plans**

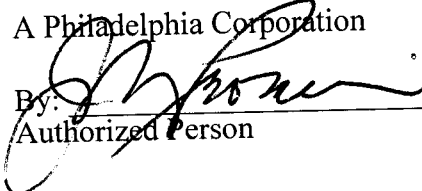
To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, DC 20210

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EBSA/PUE/10/01/12

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: Procacci Brothers Sales Corporation
2. The mailing address of the Employer is: 333 South Front Street  
Philadelphia, PA 19148
3. The Employer Identification Number is: 23-1489642
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 20 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Procacci Brothers Sales Corporation  
A Philadelphia Corporation

By:   
Authorized Person

Dated: 10-22-12

From: (919) 833-1042  
 Laura Shonkwiler  
 PFG  
 H439000  
 4141 PARKLAKE AVE STE 400  
 RALEIGH, NC 27612

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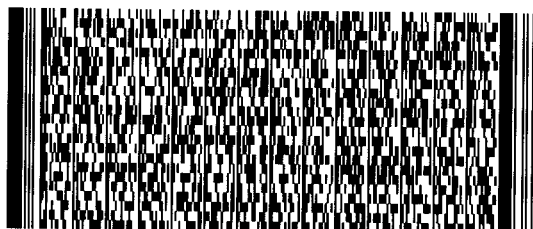
Ref # RNQ Transition  
 Invoice #  
 PO #  
 Dept #

SHIP TO: (703) 816-8522 **BILL SENDER**  
**Top Hat Plan Exemption-Employee Ben**  
**US Department of Labor**  
**200 CONSTITUTION AVE NW**

**WASHINGTON, DC 20210**

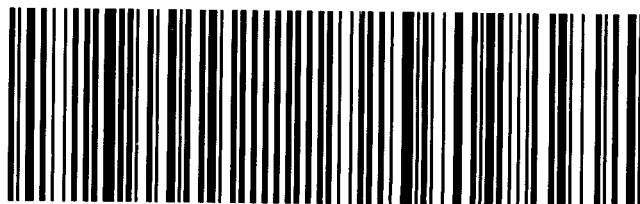
**WED - 31 OCT A2**  
**STANDARD OVERNIGHT**

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