

ARMSTRONG, TEASDALE, SCHLAFLY & DAVIS
A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

ATTORNEYS AND COUNSELORS
ONE METROPOLITAN SQUARE, SUITE 2600
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Larry M. Sewell, P.C.
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KANSAS CITY, MISSOURI
BELLEVILLE, ILLINOIS
OLATHE, KANSAS

January 10, 1996

CERTIFIED MAIL NO. Z 196 051 829
RETURN RECEIPT REQUESTED

2520032031567

Top Hat Exemption
Pension and Welfare Benefits
Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Re: The P.D. George Company Employees' Deferred
Compensation Plan; The Deferred Compensation Plan

96 JAN 18 PM 4:04
DOL-PWBA
PUBLIC DISCLOSURE

Dear Sir:

In accordance with Section 4(b) of the Labor Department's Final Rules on the Delinquent Filer Voluntary Compliance Program (the "VCP"), I am filing herewith the notice required under DOL Regulations 2520.104-23.

The return required under Section 4(b) of the VCP, along with a check in the amount of \$2,500, has been filed with the DFV program. A copy of this filing is attached.

Please be advised that The P.D. George Company Employees' Deferred Compensation Plan was terminated in 1990.

Please contact me if you have questions or need further information.

Sincerely,

Larry M. Sewell

Larry M. Sewell

LMS/jam
Enclosures

cc: DFV Program
Lawrence V. Nieman
Mitchell C. Pahl
John R. Barsanti, Jr.

DESIGNERS AND
PRODUCERS OF

Surface Coatings



The P·D·GEORGE CO.

P.O. BOX 66756 ST. LOUIS, MO 63166
TELEPHONE 314 621-5700
FAX 314-436-1030 TELEX 44-7342

January 2, 1996

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

RE: The P.D. George Company
Reporting and Disclosure Compliance Statement

Gentlemen:

In compliance with 110 of the Employment Retirement Income Security Act of 1974 ("ERISA") and the regulations thereunder (2520.104-23), P.D. George Company is filing this Reporting and Disclosure Compliance Statement and, in connection herewith, provides the following information:

Employer:	The P.D. George Company
Address:	5200 North Second Street St. Louis, MO 63147
Employer Identification Number	43-0287315
Names of Plans	The P.D. George Company Employees' Deferred Compensation Plan (Plan 1)* The Deferred Compensation Plan (Plan 2)
Number of Plans	Two
Number of Employees who Participated in Plan 1:	10
Number of Employees participating in Plan 2:	3

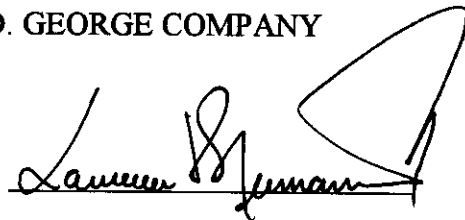
P.D. George Company maintains the above-named unfunded Plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Page 2
January 2, 1996

The P.D. George Company will provide the Plan documents to the Secretary of Labor upon request, as required by Section 104(a) (1) of ERISA.

P.D. GEORGE COMPANY

By:

A handwritten signature in black ink, appearing to read "Lawrence S. Juman". The signature is written in a cursive style and is positioned to the right of the word "By:". There is a large, stylized flourish or loop at the end of the signature.

*Plan 1 was adopted on July 6, 1986 and terminated on August 16, 1990. Plan 2 was adopted on September 3, 1993 and is currently in existence.

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KANSAS CITY, MISSOURI
BELLEVILLE, ILLINOIS
OLATHE, KANSAS

January 10, 1996

CERTIFIED MAIL NO. Z 196 051 833
RETURN RECEIPT REQUESTED

DFV Program
Pension and Welfare Benefits
Administration
P.O. Box 277025
Atlanta, GA 30384-7025

Re: The P.D. George Company Employees' Deferred
Compensation Plan; The Deferred Compensation Plan

Dear Sir:

In accordance with the Labor Department's Final Rules on the Delinquent Filer Voluntary Compliance Program (the "VCP"), I am filing herewith the first page of Form 5500 completed in accordance with Section 4(a) of the VCP, along with a check in the amount of \$2,500, in connection with the above referenced plans.

The statement required under DOL Regulations 2520.104-23 has also been filed with the Labor Department. A copy of this filing is also enclosed.

Please be advised that The P.D. George Company Employees' Deferred Compensation Plan was terminated in 1990.

Please contact me if you have questions or need further information.

Sincerely,

Larry M. Sewell

LMS/jam
Enclosures

cc: Top Hat Plan Exemption
Lawrence V. Nieman
Mitchell C. Pahl
John R. Barsanti, Jr.

TOP HAT PLAN/DFYC PROGRAM

Form 5500
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
(With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.
See separate instructions.

OMB No. 1210-0016

1994

This Form Is Open to Public Inspection.

For the calendar plan year 1994 or fiscal plan year beginning , 1994, and ending , 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only
EP-ID

- A This return/report is: (1) the first return/report filed for the plan; (2) an amended return/report; (3) the final return/report filed for the plan; or (4) a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan
C If your plan year changed since the last return/report, check here
D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension

1a Name and address of plan sponsor (employer, if for a single-employer plan)
(Address should include room or suite no.)
The P.D. George Company
5200 North Second Street
St. Louis, MO 63147

1b Employer identification number (EIN)
43 0287315
1c Sponsor's telephone number
314-621-5700
1d Business code (see instructions, page 23)
1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")
The P.D. George Company
5200 North Second Street
St. Louis, MO 63147

2b Administrator's EIN
2c Administrator's telephone number

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.
a Sponsor
b Administrator
c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No."

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.)
5a Name of plan
The P.D. George Company Employees' Deferred Compensation Plan; The Deferred Compensation Plan

4
5b Effective date of plan (mo., day, yr.)
5c Three-digit plan number

All filers must complete 6a through 6d, as applicable.

6a Welfare benefit plan 6b Pension benefit plan
(if the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

Table with 7 columns for plan number digits: 8, 8, 8, , , ,

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

Table with 7 empty boxes for pension plan feature codes.

6d Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

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

Signature of employer/plan sponsor, President Date 1/4/96

Type or print name of individual signing for the employer/plan sponsor

Signature of plan administrator Date

Type or print name of individual signing for the plan administrator

DATE	INVOICE # OR REFERENCE	P.O. #	GROSS AMOUNT	DISCOUNT	NET AMOUNT
01/02/96	010296		2,500.00	.00	2,500.00
#201-105 PLEASE DETACH BEFORE DEPOSITING			TOTALS → 2,500.00		2,500.00