

**REPORTING AND DISCLOSURE STATEMENT FOR
NONQUALIFIED DEFERRED COMPENSATION PLANS**

To The Secretary of Labor:

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 unfunded 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:

The SyllogisTeks Company

- (2) The mailing address of the employer is:

**PO Box 189
Chesterfield, MO 63006**

- (2) The Employer Identification Number is:

43-1690751

- (4) The above-named employer maintains 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 Participants in each plan:

1 plan covering 7 employees

- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

The SyllogisTeks Company

By:

Lisa M. Nvill

Signature:

Lisa M. Nvill

Title:

Plan Administrator

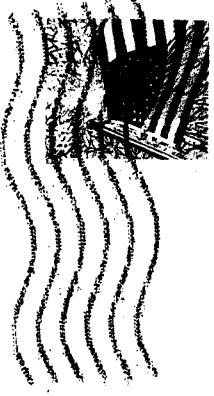
Dated:

02/14/2014



SYLOGISTEKS

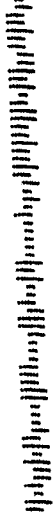
16401 Swingley Ridge Road
Suite 100
Chesterfield, MO 63017-0740



SAINT LOUIS MO 630

14 FEB 2014 PM 9 L

U.S. Department of Labor
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional Ave. N.W.
Washington, DC 20210



20210