

2520032034498

TO: Office of Pension and Welfare Benefit Program  
Labor Management-Services Administration  
U.S. Department of Labor  
Washington, D.C. 20216

FROM: Employer: Share Corporation  
Employer Identification Number : 39-1142958  
Address: P.O. Box 23053, Milwaukee, WI 53223

This document constitutes the statement required by 29 C.F.R. Sec. 2520-104-23(1)(1) to be filed with the Secretary of Labor in respect to Non-Qualified Deferred Compensation Plans maintained by the above employer.

The employer currently maintains four Non-Qualified Supplemental Benefit Plan for executives who are members of a select group of management or highly compensated employees.

The number of participants in each plans is as follows:

Plan 1 = 1  
Plan 2 = 1  
Plan 3 = 1  
Plan 4 = 1

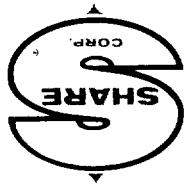
SHARE CORPORATION



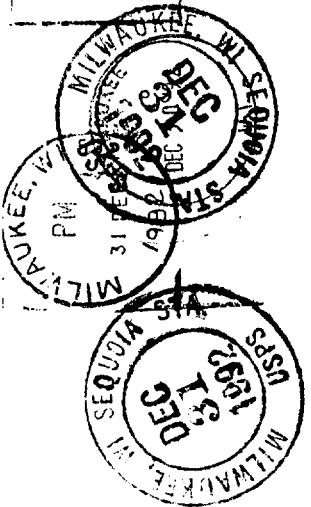
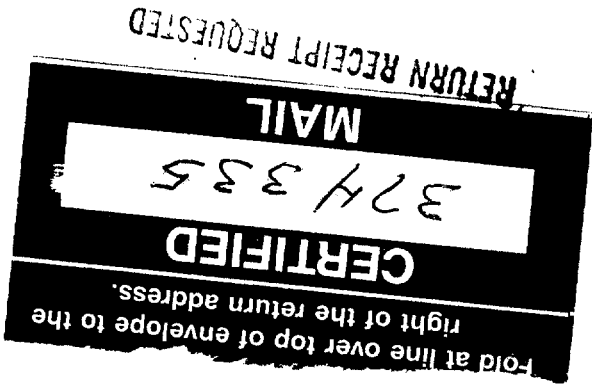
Heidi Hutchinson, Controller

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P.O. BOX 23053  
MILWAUKEE, WI 53223



CHEMICAL  
ENGINEERING  
SPECIALISTS



MAIL EARLY  
IN THE DAY  
FIRST CLASS  
F 5091449

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