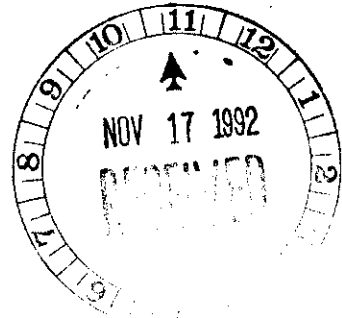


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U.S. Department of Labor  
Pension and Welfare Benefits Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

12,770

Gentlemen:

This statement is being filed in accordance with the alternate compliance method as described in the regulations under Section 2520.104-23 of Title I of the Employee Retirement Income Security Act of 1974 for the following Employer/Plan Administrator:

ELECTROLOCK, INC.

---

**Name**  
P.O. BOX 368 - BAINBRIDGE TWP.

---

**Address**  
CHAGRIN FALLS, OHIO 44022

---

**City, State and Zip Code**  
34-0818807

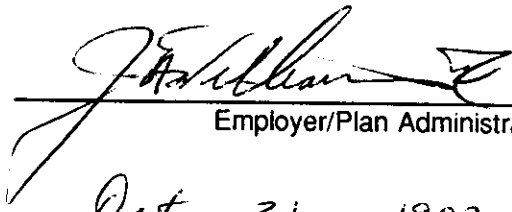
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**Employer Identification Number**

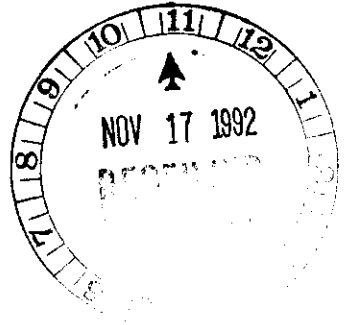
The above-named Employer/Plan Administrator declares that a plan is maintained primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees.

The above-named Employer/Plan Administrator maintains 1 such plan(s) as described in the above paragraph. There is 1 employee in the plan.

Under penalties of perjury, the undersigned Employer/Plan Administrator declares that this statement to the best of their knowledge and belief is true, accurate and complete.

  
 \_\_\_\_\_  
 Employer/Plan Administrator

Oct. 31, 1992  
 \_\_\_\_\_  
 Date



121770

**MEADEN &  
MOORE INC.**  
CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

1100 Diamond Building  
Cleveland, Ohio 44114-2523

**CERTIFIED**

P 260 359 579

**MAIL**



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DEPT OF LABOR  
PENSION AND WELFARE BENEFITS ADMIN.  
P.O. BOX 75212  
WASHINGTON, D.C. 20013-5212

**RETURN RECEIPT  
REQUESTED**

