## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

321-303-3003   2d Business code (see instruct CANGWOOD, FL 32750   3b Administrator's name and address (if same as Plan sponsor, enter "Same")   480 NORTH STREET STE120   238156   3b Administrator's telephone n 321-303-3003   4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name   4b EIN   4c PN   5a   5a   5a   5a   5a   5a   5a   5	Pa	art I Annual	Report I	lden	tification Information						
B This return/report is for:    Inst return/report   Inst return/report	For	calendar plan year	2009 or fisc	cal pl	an year beginning 01/01/200	09	and ending	12/31/	2009		
B This return/report is for:    an amended return/report   an amended return/report   an amended return/report   an amended return/report   automatic extension   DPVC program   DPVC prog	A	This return/report is	s for:	X s	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
C Check box if filing under:		•		X fi	rst return/report	final retur	n/report				
C Check box if filing under:		rino retumproport is	3 101.	=	·	=	•	nthe)			
Sacial extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   1b Three-digit plan number (PN)   1c Effective date of plan (10/12/2008)   2a Plan sponsor's name and address (employer, if for single-employer plan)   2b Employer (destination to the plan year of 10/12/2008)   2a Plan sponsor's name and address (employer, if for single-employer plan)   2b Employer (destination to the plan year feet of 10/12/2008)   2a Plan sponsor's name and address (employer, if for single-employer plan)   2b Employer (destination to the plan year feet of 10/12/2008)   2a Plan sponsor's name and address (if same as Plan sponsor, enter "Same")   2d Business code (see instruct 2/38/80)   2d Bus	•			H	<u> </u>	i '		111113)	□ pc/c		
Part II   Basic Plan Information—enter all requested information 1a Name of plan WEATHERSHIELD COATINGS INC   1e Effective date of plan Orthologous Plan sponsor's name and address (employer, if for single-employer plan)   2a Plan sponsor's name and address (employer, if for single-employer plan)   2b Employer (denfilication Num (EIN) 59-3330444   2c Plan sponsor's telephone name of the plan sponsor's telephone name of the plan sponsor's telephone name of the plan sponsor's telephone name, Ell name and of the plan sponsor has changed since the last return/report filed for this plan, enter the name, Ell n, and the plan number from the last return/report. Sponsor's name   No   4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, Ell n, and the plan number of participants at the beginning of the plan year.   5a Total number of participants at the beginning of the plan year.   5b Total number of participants at the end of the plan year.   5c Total number of participants at the end of the plan year.   5d Total number of participants at the end of the plan year invested in eligible assets? (See instructions)	C	Check box if filing t	under:	님	L	<u> </u>	extension		DFVC program		
18   Name of plan   WEATHERSHIELD COATINGS INC   22   Plan sponsor's name and address (employer, if for single-employer plan)   25   Employer before date of plan   (PN)   P		-									
Plan number   On1		·	Plan Infor	rmat	ion—enter all requested inforn	nation					
2a Plan sponsor's name and address (employer, if for single-employer plan)  2a Plan sponsor's name and address (employer, if for single-employer plan)  4b NORTH STREET STE120  4D NORTH STREET STE120  4D NORTH STREET STE120  4D Business code (see instruct 23816)  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  4b NORTH STREET STE120  4c Plan sponsor's telephone in 231-303-3003  2d Business code (see instruct 23816)  3c Administrator's EIN 59-3330444  3c Administrator's EIN 59-3330444  3c Administrator's telephone in 221-300-3003  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year.  5a b Total number of participants at the end of the plan year.  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c C Total number of participants with account balances as of the end of the plan year invested in eligible ascent? (See instructions).  7 Plan Assets and Liabilities  7 p								1b	_		
22 Plan sponsor's name and address (employer, if for single-employer plan)  WEATHERSHIELD COATINGS INC  490 NORTH STREET STE120  LLONGWOOD, FL 32750  32 Plan administrator's name and address (if same as Plan sponsor, enter "Same")  WEATHERSHIELD COATINGS INC  400 NORTH STREET STE120  LONGWOOD, FL 32750  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  NO  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  NO  5 Total number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  1 Yes  4 Total plan sasets (subtract line 7b from line 7a).  7 Plan Assets and Liabilities  1 (a) Beginning of Year  1 Total plan assets (subtract line 7b from line 7a).  7 Plan Assets and Liabilities  1 (a) Beginning of Year  1 (b) Total  8 Income, Expenses, and Transfers for this Plan Year  1 (b) Total  8 Income, Expenses, and Transfers for this Plan Year  1 (c) Total income (loss).  8 Ba(2)  7 Tot  1 (d) Employers  8 C  1 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 Ba(2)  9 Other income (loss).  1 Other plan service (salaries, fees, commissions).  8 Ba(2)  9 Other expenses, and Transfers for this Plan Year  1 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 Ba(3)  9 Other expenses (add lines 8d, 8e, 8f, and 8g).  8 Ba(3)  9 Other expenses (add lines 8d, 8e, 8f, and 8g).  8 Ba(3)  9 Other expenses (add lines 8d, 8e, 8f, and 8g).  8 Ba(4)  1 Total income (loss) subtract line 8b from line 8c).	WEA.	THERSHIELD CO	ATINGS INC	С					001		
2a Plan sponsor's name and address (employer, if for single-employer plan)  WEATHERSHELD COATINGS INC  490 NORTH STREET STE120  10 NOWOOD, FL 32750  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  WEATHERSHELD COATINGS INC  400 NORTH STREET STE120  10 Administrator's name and address (if same as Plan sponsor, enter "Same")  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  NO  5a Total number of participants at the beginning of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  7 Yes  6 A Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  8 Yes  6 A Veryou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligiblity and conditions).  1 Yes  1 Yes  1 Total plan assets and Liabilities  1								10	,		
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### ADDITION OF THE STREET STET20  ### ADDITION OF THE STET20  ### ADDITION OF THE STREET STET20  ### ADDITION OF THE STR	2a	Plan sponsor's na	me and add	dress	(employer if for single-employe	r plan)		2h	Employer Identification Number		
321-303-3003   2d Business code (see instruct CANGWOOD, FL 32750   3b Administrator's name and address (if same as Plan sponsor, enter "Same")   480 NORTH STREET STE120   238156   3b Administrator's telephone n 321-303-3003   4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name   4b EIN   4c PN   5a   5a   5a   5a   5a   5a   5a   5					(ap.o) a., ii ia. ag.a ap.o) a	. p.a,					
A Plan administrator's name and address (if same as Plan sponsor, enter "Same")   3b Administrator's EIN								2c	Plan sponsor's telephone number		
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") WEATHERSHIELD COATINGS INC  490 NORTH STREET STE120 LONGWOOD. FL 32750  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  NO  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  Ac PN  5a Total number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  5 Total number of participants at the end of the plan year.  5 Total of the plan's assets during the plan year invested in eligible assets? (See instructions).  5c  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  5c  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  5c  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  5c  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  5c  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6b Are you daiming a valver of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions).  7 Plan Assets and Liabilities.  7 a 117  7 Plan Assets and Liabilities.  7 a 117  7 D 0  7 Plan Assets and Liabilities.  7 a 117  7 D 0  7 Plan Assets and Liabilities.  7 a 117  7 D 0  7 Plan Assets and Liabilities.  8 (a) Beginning of Year  1 In Total plan assets.  1 In Total plan assets (subtract line 7b from line 7a).  7 a 117  8 Income, Expenses, and Tra											
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")   450 NORTH STREET STE120   250 Administrator's telephone in 321-303-3003   3c Admi	LONG	3WOOD, FL 32730	J					2d			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  NO  5a Total number of participants at the beginning of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).  6a If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  7a 1f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  7b Total plan assets and Liabilities  7c (a) Beginning of Year  8 Income, Expenses, and Transfers for this Plan Year  9 Contributions received or receivable from:  10 Employers.  8a(1) 0 10 C Net plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year  9 C Total income (loss) (subtract dire distributions (see instructions).  8 Be 0 10 Other income (loss) (salaries, fees, commissions).  8 Be 0 10 Other income (loss) (subtract line 8h from line 8c).  8 Be 0 10 Other expenses (add lines 8d, 8e, 8f, and 8g).  8 Bh 10 Total expenses (add lines 8d, 8e, 8f, and 8g).  8 Bh 10 Total expenses (add lines 8d line 8h from line 8c).  8 Bh 10 Total expenses (add lines 8d line 8h from line 8c).  8 Bi Notal EIN.	3a	Plan administrator	's name and	d add	ress (if same as Plan snonsor a	enter "Same	("د	3h			
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NO    NO   NO   NO   NO   NO   NO   NO	4 1		<b>-</b> 101 (4)			,		4.			
Sa   Total number of participants at the beginning of the plan year							port filed for this plan, enter the	4b	EIN		
b Total number of participants at the end of the plan year		iamo, Em, and me	pian namo	,01 110	mi ino laot rotam/roponi. Opono	or o marrio		4c	PN		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	5a	Total number of p	articipants a	at the	beginning of the plan year			5a	2		
Complete this item)	b	Total number of p	articipants a	at the	end of the plan year			5b	3		
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III Financial Information  7 Plan Assets and Liabilities  (a) Beginning of Year  (b) End of Year  117  b Total plan assets.  7a 117  b Total plan liabilities.  7b 0  C Net plan assets (subtract line 7b from line 7a).  7 Respesses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers  8a(1)  0 (2) Participants  8a(2)  750  (3) Others (including rollovers).  8a(3)  0  b Other income (loss).  8b 155  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d 0  e Certain deemed and/or corrective distributions (see instructions).  8e 0  f Administrative service providers (salaries, fees, commissions).  8f 0  Other expenses (add lines 8d, 8e, 8f, and 8g).  8h  1 Total expenses (add lines 8d, 7a, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d	С	Total number of p	articipants v	with a	account balances as of the end of	of the plan y	ear (defined benefit plans do not				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) where 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)		complete this iten	n)					5c	1		
Ves   Fr   Ves	6a	Were all of the pl	an's assets	durin	ig the plan year invested in eligil	ble assets?	(See instructions.)		Yes No		
Fixed   Fixe	b								X Yes No		
Part III				,	• ,		•		res [] No		
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 117 b Total plan liabilities. 7b 0 C Net plan assets (subtract line 7b from line 7a). 7c 117  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 0 (2) Participants 8a(2) 750 (3) Others (including rollovers). 8a(3) 0 b Other income (loss). 8b 155 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c Certain deemed and/or corrective distributions (see instructions) 8c Certain deemed and/o	Pa					-01111 3300-	SF and must instead use Form 55	00.			
a Total plan assets       7a       117         b Total plan liabilities       7b       0         c Net plan assets (subtract line 7b from line 7a)       7c       117         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:					<del>////</del>		(a) Posinning of Year		(b) End of Voor		
b Total plan liabilities         7b         0           c Net plan assets (subtract line 7b from line 7a)         7c         117           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:                  8a(1)               0                     (1) Employers                   8a(1)                   0                   0                         (2) Participants                   8a(2)                   750                   3a(3)                   0                   0                           (3) Others (including rollovers)                         8a(3)                         0                        8b                         155                         155                          C Total income (loss)	-					70		7	1022		
C         Net plan assets (subtract line 7b from line 7a)         7c         117           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:	_	•									
8 Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from: (1) Employers		•									
a Contributions received or receivable from: (1) Employers	_	·			,	/ C		'			
(1) Employers       8a(1)       0         (2) Participants       8a(2)       750         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       155         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       0         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i Net income (loss) (subtract line 8h from line 8c)       8i		•	•				(a) Amount		(b) Total		
(2) Participants 8a(2) 750 (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 155  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0  e Certain deemed and/or corrective distributions (see instructions) 8e 0  f Administrative service providers (salaries, fees, commissions) 8f 0  g Other expenses 8g 0  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h  i Net income (loss) (subtract line 8h from line 8c) 8i	a					8a(1)		0			
(3) Others (including rollovers)		(2) Participants				0					
b Other income (loss)		`,						0			
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		•	,						905		
to provide benefits)						00					
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g Other expenses	е	Certain deemed a	and/or correc	ctive	distributions (see instructions)	8e	(	0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)			8f		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses				8g		0			
i Net income (loss) (subtract line 8h from line 8c)	·	Total expenses (a	add lines 8d.	, 8e, 8	8f, and 8g)				0		
Transfers to (form) the plan (one instructions)	i	·			<u>.</u>				905		
)	j	` ′	`		,			0			

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruct	ions:		
Part	٧	Compliance Questions									
10	Du	During the plan year:					No	No Amount			
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	Wa	as the plan covered by a fidelity bond?			10c	X				20000	
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X				
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X				
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)	) CFR	10h		X					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3		10i							
Part \		Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Пу	es X No	
12		his a defined contribution plan subject to the minimum funding requi							☐ Ye		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	JOZ 01	LICION	ш	Ц	
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							ruling	
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year		
		er the minimum required contribution for this plan year		•		Γ	12b				
							12c				
d	Enter the amount contributed by the employer to the plan for this plan year						12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Ye	es X No	
	lf "۱	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a				
		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							es X No		
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s) <b>13</b>				<b>(3)</b> PN(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I denote the MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	, F	Filed with authorized/valid electronic signature.  05/27/2010 WEATHERSHIEL					LD COATINGS INC				
HERE		Signature of plan administrator Date Enter name			f individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor