Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
AMERICAN STOCK TRANSFER & TRUST COMPANY

590 MAIDEN LANE, PLAZA LEVEL
NEW YORK, NY 10038

2b Employer Identification Number (EIN)
13-3439945

2c Sponsor's telephone number
718-921-8106

2d Business code (see instructions)
522190

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, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	BRUCE CHALNICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
AMERICAN STOCK TRANSFER & TRUST COMPANY

590 MAIDEN LANE, PLAZA LEVEL
NEW YORK, NY 10038

3b Administrator's EIN
13-3439945

3c Administrator's telephone number
718-921-8106

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	498
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	394
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	111
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	505
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	505
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	489
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN STOCK TRANSFER & TRUST COMPANY

D Employer Identification Number (EIN)
13-3439945

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS

06-1194217

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

JPMORGAN

13-2624428

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EVERGREEN

04-6599663

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO FUNDS

95-2632339

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN BEACON

75-2401150

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLUMBIA

93-0577450

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DREYFUS

13-5673135

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THORNBURG

85-0301299

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VAN KAMPEN

36-2811402

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T ROWE PRICE

52-2264646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALGER

13-2665689

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

13-5108880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LAZARD

20-4571006

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WACHOVIA BANK N.A.

22-1147033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 37 49 50 52 60 63 64	NONE	23993	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN STOCK TRANSFER & TRUST COMPANY

D Employer Identification Number (EIN)
13-3439945

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WACHOVIA BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-6592596-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ENHANCED STOCK MARKET FUND

b Name of sponsor of entity listed in (a): WACHOVIA BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-6288528-001	C	143927

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN BOND FUND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3222878-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE INVESTMENT FUND

b Name of sponsor of entity listed in (a): WACHOVIA BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-6271988-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED BOND GROUP TRUST

b Name of sponsor of entity listed in (a): WACHOVIA BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
54-6113592-001	C	649

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN STOCK TRANSFER & TRUST COMPANY

D Employer Identification Number (EIN)
13-3439945

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	397	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	498901	0
(2) Participant contributions	1b(2)	24126	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	488085	503759
(9) Value of interest in common/collective trusts	1c(9)	3699456	144576
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3968578	9765533
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8679543	10413868
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8679543	10413868

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	967588	
	(C) Others (including rollovers)	2a(1)(C)	4877	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		972465
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	38456	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38456
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	81641	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		81641
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		35357
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1316015
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2443934
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	683623	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		683623
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	34512	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34512
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		718135
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1725799
l	Transfers of assets:			
	(1) To this plan	2l(1)		8526
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BASS & LEMER, LLP **(2)** EIN: 13-1938264

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN STOCK TRANSFER & TRUST COMPANY

D Employer Identification Number (EIN)
13-3439945

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 56-1354495

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BASS & LEMER LLP
CERTIFIED PUBLIC ACCOUNTANTS

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FAX: (516) 485-9603

1501 BROADWAY
NEW YORK, N.Y. 10036
(212) 944-1500

SHELBY S. GOLDGRAB, C.P.A., C.M.A.
GARY S. ADLER, C.P.A.

To the Board of Trustees of
American Stock Transfer & Trust Company
Retirement Savings Plan

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of the American Stock Transfer & Trust Company Retirement Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) referred to as "supplemental schedule", as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, and Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.) held the Plan's investment assets and executed investment transactions from January 10, 2008 to December 31, 2009 and that ING Life Insurance and Annuity Company held the Plan's investment assets and executed investment transactions from January 1, 2008 to January 9, 2008. The plan administrator has obtained a certification from the custodian and the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian and the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian and the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bass & Lemer LLP

Certified Public Accountants
West Hempstead, New York
October 7, 2010

AMERICAN STOCK TRANSFER & TRUST COMPANY

RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

AMERICAN STOCK TRANSFER & TRUST COMPANY
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Table of Contents **Page**

Independent Auditors' Report 1

Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008 2

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2009 3

Notes to Financial Statements 4-17

Supplemental Schedule as of December 31, 2009

Schedule of Assets (Held at End of Year) 18-19

BASS & LEMER LLP
CERTIFIED PUBLIC ACCOUNTANTS

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SHELBY S. GOLDGRAB, C.P.A., C.M.A.
GARY S. ADLER, C.P.A.

To the Board of Trustees of
American Stock Transfer & Trust Company
Retirement Savings Plan

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian and the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bass & Lemer LLP

Certified Public Accountants
West Hempstead, New York
October 7, 2010

AMERICAN STOCK TRANSFER & TRUST COMPANY
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments (at fair value)	$10,413,868	$ 7,971,849 *
Receivables:		
Employer's Contribution	538,600	498,901
Participants' Contributions	-	24,126
	538,600	523,027
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	10,952,468	8,494,876
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	-	184,667 *
NET ASSETS AVAILABLE FOR BENEFITS	$10,952,468	$ 8,679,543

*Reclassification to conform to current year presentation.
See the accompanying notes to the financial statements.

AMERICAN STOCK TRANSFER & TRUST COMPANY
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income -	
Net Appreciation in Fair Value of Investments	$ 1,351,372
Dividends	81,641
Interest on Participant Loans	38,456
	1,471,469
Contributions -	
Participants	967,589
Employer	538,600
Rollovers from Other Plans	4,877
	1,511,066
Total Additions	2,982,535
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	683,624
Administrative Expenses	34,512
Total Deductions	718,136
Net Increase	2,264,399
Net Assets Available for Benefits - Beginning of Year	8,679,543
Transfer of Assets to this Plan	8,526
Net Assets Available for Benefits - End of Year	$10,952,468

See the accompanying notes to the financial statements.

AMERICAN STOCK TRANSFER & TRUST COMPANY
RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the American Stock Transfer & Trust Company Retirement Savings Plan (Plan), whose sponsor is American Stock Transfer & Trust Company (Company), provides only general information. Participants of the Plan should refer to the Plan document for a more detailed and complete description of the Plan's provisions.

A. GENERAL

The Plan is a defined contribution plan. Effective February 1, 2009, the Plan was amended to cover all full-time employees of the Company who have completed three months of service and are at least 18 years of age. Prior to that date the Plan covered all full-time employees of the Company who had completed six months of service and were at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. CONTRIBUTIONS

Through January 31, 2009, each year participants were able to elect to contribute up to 50% of their eligible compensation as defined by the Plan, not to exceed amounts prescribed by the Internal Revenue Service. Effective February 1, 2009, each year participants may elect to contribute up to 100% of their eligible compensation, as defined by the Plan not to exceed amounts prescribed by the Internal Revenue Service. The maximum pretax contribution allowed for 2009 and 2008 was $16,500 and $15,500, respectively. Participants direct the investment of their contributions into various investment options offered by the Plan. All participants who are eligible to make elective deferrals under this Plan and who have attained age 50 before the close of the Plan year are eligible to make an additional catch-up contribution for 2009 and 2008 of up to $5,500 and $5,000, respectively. Effective February 1, 2009, the Plan adopted automatic deferral provisions for those employees who become participants beginning February 1, 2009, unless the Plan is notified by the participant not to withhold. The automatic deferral percentage is equal to 3% of compensation for each payroll period. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

B. CONTRIBUTIONS (CONTINUED)

The Company may make a discretionary matching contribution equal to a discretionary percentage of a participant's elective deferrals. In addition, the Company, at its discretion, may elect to make profit sharing contributions to the Plan, subject to limitations as defined by the Plan. Any employee who is employed at the close of the Plan year and has completed at least 1,000 hours of service during the Plan year may share in these contributions even if they are not participating in the salary deferral portion of the Plan.

For 2009 and 2008 the Company made a discretionary profit sharing contribution of $538,600 and $502,899, respectively.

C. PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's discretionary contribution, (b) Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Allocation of the Company's discretionary matching contribution is based on a discretionary percentage of a participant's compensation, or a discretionary dollar amount, the percentage or dollar amount to be determined by the Company on a uniform basis for all participants. Allocation of the Company's discretionary profit sharing contribution is based on participant's compensation and classification, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

D. VESTING

Participants are immediately vested in their contributions and earnings thereon. The vesting in the Company's discretionary matching contributions and the Company's discretionary profit sharing contributions portion of participants accounts is based on years of continuous service. The Company's discretionary matching contributions and the Company's discretionary profit sharing contributions and earnings thereon will be vested as follows until January 31, 2009:

Years of Service for Vesting	Percentage
Less than 3 years	0%
3 to 4 years	20%
4 to 5 years	40%
5 to 6 years	60%
6 to 7 years	80%
7 years or more	100%

Effective February 1, 2009, the Plan amended its vesting schedule for the Company discretionary matching contribution and the Company discretionary profit sharing contributions portion of participants accounts and the earnings and losses thereon as follows:

Years of Service for Vesting	Percentage
Less than 1 year	0%
1 to 2 years	20%
2 to 3 years	40%
3 to 4 years	60%
4 to 5 years	80%
5 years or more	100%

E. PARTICIPANT LOANS

Participants may borrow from their fund accounts up to the lessor of 50% of their vested account balance or $50,000 under certain prescribed guidelines which include limitations, repayment schedules, etc. Loans are secured by the vested balance in the participant's account and bear interest. Repayment of loans must be made ratably through payroll deductions within a five year period. However, if a loan is for the purchase of a primary residence, a longer repayment term is permitted. A participant may not have more than one loan outstanding at any time.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

F. PAYMENT OF BENEFITS

On termination of service due to death, disability, retirement, or for other reasons, a participant may receive an amount equal to the value of the participant's vested interest in his or her account in a lump sum distribution, as described by the Plan agreement.

G. FORFEITURES

At December 31, 2009 and 2008, forfeited non-vested accounts totaled $11,834 and $14,827, respectively. These accounts can be used to reduce plan administrative expenses and future employer contributions, in accordance with Plan documents.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 7, 2010, which is the date the financial statements were available to be issued.

B. ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. BASIS OF ACCOUNTING

The financial statements have been prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits at December 31, 2008 presents the fair value of the investments in the Wachovia Diversified Stable Value A and Wachovia Bank Stable Investment Fund as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

D. INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are reported at fair value. The Plan's investments in mutual funds are stated at fair value using quoted market prices. The Plan's investments include proprietary products of fund companies that are not publicly traded and are valued at fair value as determined at year end by Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.), the Plan's trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recognized when received rather than on an ex-dividend basis. The effect is not material to a fair presentation.

E. PAYMENT OF BENEFITS

Benefits are recorded when paid.

NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end, based on published market quotations on active markets.

Common Trust Fund, Diversified Stable Value Fund and Stable Investment Fund: Investments which are valued at their net asset values (NAV) based on the fair value of the underlying investments held by the common trust fund, diversified stable value fund and stable investment fund at year end. Unlike shares of mutual fund companies, the NAV of common trust fund, diversified stable value fund and stable investment fund are not publicly available.

Participant Loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 9,765,532	$ 9,765,532	$ -	$ -
Common Trust Funds	144,577	141,387	3,190	-
Participant Loans	503,759	-	-	503,759
Total Assets at Fair Value	$10,413,868	$ 9,906,919	$ 3,190	$503,759

	Assets at Fair Value as of December 31, 2008			
	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 3,968,578	$ 3,968,578*	$ -	$ -
Common Trust Fund	103,210	100,651*	2,559*	-
Diversified Stable Value Fund	3,411,548	-	3,411,548*	-
Cash	397	397*	-	-
Stable Investment Fund	31	-	31*	-
Participant Loans	488,085	-	-	488,085
Total Assets at Fair Value	$ 7,971,849	$ 4,069,626	$3,414,138	$488,085

*Reclassification to conform to current year presentation.

Level 3 Gains and Losses:

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Level 3 Assets Year Ended December 31, 2009 Participant Loans
Balance, Beginning of Year	$ 488,085
Issuances and Settlements (net)	15,674
Balance, End of Year	$ 503,759

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31,	
	2009	2008
Fidelity Adv New Insights-T	$1,148,230	$ 790,421
Wachovia Diversified Stable Value A	-	3,411,548*
Participant Loans	503,759**	488,085
American EuroPacific Growth Fd Cl R-3	765,862	471,160
American Beacon Large Cap Value Advisor	578,318	398,712**
Fidelity Instl Money Market III	3,557,519	-

*Reclassification to conform to current year presentation
**Below 5%

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,351,372 exclusive of dividends earned on investments of $81,641 and interest earned on participant loans of $38,456, as follows:

Mutual Funds	$1,316,032
Common Trust Funds	35,340
Net Appreciation on Investments	$1,351,372

NOTE 5 - INVESTMENT CONTRACTS

The Plan held investments at December 31, 2008 in the Wachovia Diversified Stable Value A and Wachovia Bank Stable Investment Fund ("Funds") that are benefit-responsive investment investments with Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.). At December 31, 2009, the Plan no longer held these investments. Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.) maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Funds are included in the financial statements at contract value as reported to the plan by Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.).

As described in Note 2C, because the Funds' investments are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Funds. Contract value, as reported to the Plan by Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.), represents contributions made to the Funds that are invested in the Funds' underlying investment contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the underlying contract issuers or otherwise. The fair values of the Wachovia Diversified Stable Value A and Wachovia Bank Stable Investment Fund at December 31, 2008 were $3,411,548 and $31, respectively. The crediting interest rate is based on a formula agreed upon with each of the issuers of the Funds underlying investments.

The following is a reconciliation of the adjustment from fair value of these funds from fair value to contract value for fully benefit-responsive investment contracts included in the Plans' statements of net assets at December 31, 2008:

	Stable Investment Fund	Diversified Stable Value Fund
Fair Value at December 31, 2008	$ 31	$3,411,548
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	1	184,666
Contract Value at December 31, 2008	$ 32	$3,596,214

NOTE 5 - INVESTMENT CONTRACTS (CONTINUED)

The Funds invest in a variety of investment contracts such as guaranteed investment contracts ("GICs") issued by insurance companies and other financial institutions and other investment products (such as separate account contracts and synthetic GICs) with similar characteristics. The issuers of these underlying investments guarantee that all qualified participant withdrawals will occur at contract value (i.e., principal plus accrued interest).

Traditional GICs are backed by the general account of the issuer and provide a guaranteed interest rate for a specified period of time.

Separate account GICs are similar in structure to traditional GICs, except that the underlying assets are held in a separate account for the benefit of the Fund. The interest crediting rate is based upon the characteristics of the underlying assets.

A synthetic GIC is an investment contract, also known as a wrapper contract, issued by an insurance company, bank or financial institution, backed by a portfolio of investments that are owned by the Funds. The assets underlying the wrapper contract are maintained separate from the contract issuer's general assets, usually by a third party custodian. These contracts typically provide that realized and unrealized gains and losses on the underlying assets are not reflected immediately in the net assets of the Funds, but rather are amortized, usually over the time to maturity or the duration of the underlying investments, through adjustments to the future interest crediting rate.

The separate account and synthetic GICs are designed to reset the respective crediting rate on a periodic basis, typically quarterly. Separate account and synthetic contracts cannot credit an interest crediting rate less than zero percent.

Guaranteed investment contracts generally do not permit issuers to terminate the agreement prior to the scheduled maturity date. Wrapper contracts and separate account agreements generally are evergreen contracts that contain termination provisions.

NOTE 5 - INVESTMENT CONTRACTS (CONTINUED)

Certain events limit the Plan's ability to transact at contract value with Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.). Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the custodian to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with plan participants are probable of occurring.

	2008
Wachovia Diversified Stable Value A	
Average Yields:	
Based on Actual Earnings	4.80%
Based on Interest Rate Credited to Participants	3.61%

	2008
Wachovia Bank Stable Investment Fund	
Average Yields:	
Based on Actual Earnings	3.99%
Based on Interest Rate Credited to Participants	3.48%

NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE AND CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee and custodian.

	Trustee	Trustee/ Custodian
	2009	2008
Investments, at fair value:		
Mutual Funds	$ 976,532	$3,968,578*
Common Trust Fund	144,577	103,210*
Diversified Stable Value Fund	-	3,596,214*
Stable Investment Fund	-	32*
Cash	-	397
Investment Income (Loss)	1,471,469	(2,228,839)

*Reclassification to conform to current year presentation.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are mutual funds and other investments managed by Wachovia Bank, N.A., Evergreen Investments, and Wells Fargo Bank, N.A. Wachovia Bank, N.A. is a division of Wells Fargo Bank, N.A., and Evergreen Investments is a subsidiary of Wachovia Bank, N.A. Wachovia Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees totaling $34,512 were paid directly to Wachovia Bank, N.A., from the Plan during the plan year and other fees and expenses such as investment fees and plan administration fees may be deducted directly from investment returns in accordance with the applicable investment option selected by the participant.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the employer contributions.

NOTE 9 - TAX STATUS

On March 31, 2008, the Internal Revenue Service determined that Wachovia Bank, N.A.'s Volume Submitter Profit Sharing Plan with CODA, that was adopted by the Plan, was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 10 - RISKS AND UNCERTAINTIES

The Plan investments in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 11 - EXPENSES AND ADMINISTRATION

The Company, at its discretion, may pay all administrative expenses of the Plan, including legal and audit fees, except for the administrative costs of payroll processing fees. For 2009 and 2008, the Plan sponsor engaged the services of Wells Fargo Bank, N.A. (formerly known as Wachovia Bank, N.A.) to act as recordkeepers and trustee of the Plan's assets. In addition, costs relating to the 2009 and 2008 annual audits of the Plan are being assumed by the sponsor. The Company may elect in the future not to pay these expenses, which would affect the future financial return to participants.

The Plan sponsor, American Stock Transfer & Trust Company, employs the Plan trustees. Certain administrative functions are performed by officers and employees of the Company. No trustee, officer or employee receive compensation from the Plan.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The financial statements are on an accrual basis of accounting and the 2009 Form 5500 is on a cash basis of accounting. The following is a reconciliation of the net assets available for benefits and the employer's contribution per the financial statements for the year ended December 31, 2009 to the Schedule H of Form 5500:

Net assets available for benefits per the financial statements	$10,952,468
Less: Employer's contribution receivable per the financial statements	(538,600)
Net Assets Available for Benefits per Form 5500	$10,413,868

Employer's contributions per the financial statements	$ 538,600
Less: 2009 employer's contributions receivable per the financial statements	(538,600)
Employer's Contributions per Form 5500	$ -

NOTE 13 - CHANGE IN TRUSTEES

Effective November 19, 2009, the Company's Chief Executive Officer Mark Healy, the Company's Chief Financial Officer John Carey, and the Company's General Counsel and Senior Vice President Herbert Lemmer were appointed as Plan trustees. On June 30, 2010, Herbert Lemmer was replaced as a Plan trustee by the Company's Senior Vice President of Asset Management, Christopher Terenzi.

SUPPLEMENTAL SCHEDULE

AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN
EIN: 13-3439945
PLAN #001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Property	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Alger	Alger Small Cap Growth; 31 Units*	**	$ 309
	American	American Beacon Large Cap Value Advisor; 35,480 Units*	**	578,318
	American	American Europacific Growth Fd Cl R-3; 20,321 Units*	**	765,682
	Columbia	Columbia Mid Cap Value Fund Cl A; 28,608 Units*	**	316,685
	Columbia	Columbia Technology Fund Cl A; 49,365 Units*	**	430,461
	Dreyfus	Dreyfus Premier Small Cap Equity Fund Class I; 46 Units*	**	417
	Dreyfus	Dreyfus Small Cap Stock Index Fd; 8,418 Units*	**	139,987
****	Evergreen	Evergreen Core Bond Fund CCA; 17,489 Units*	**	223,555
****	Evergreen	Evergreen Int'l Bond CL I; 45 Units*	**	680
****	Evergreen	Evergreen Select Stg Gr I; 65 Units*	**	850
****	Evergreen	Evergreen Int'l Equity; 94 Units*	**	1,479
****	Evergreen	Evergreen Special Values Fd Cl A; 18,560 Units*	**	330,188
	Fidelity	Fidelity Advisor Freedom Income Fund Cl T; 6,190 Units*	**	62,702
	Fidelity	Fidelity Advisor Freedom 2010 Cl T; 4,403 Units*	**	42,412
	Fidelity	Fidelity Advisor Freedom 2015 Cl T; 16,107 Units*	**	168,315
	Fidelity	Fidelity Advisor Freedom 2020 Cl T; 8,696 Units*	**	93,916
	Fidelity	Fidelity Advisor Freedom 2025 Cl T; 15,013 Units*	**	155,688
	Fidelity	Fidelity Advisor Freedom 2030 Cl T; 6,053 Units*	**	65,436
	Fidelity	Fidelity Advisor Freedom 2040 Cl T; 2,061 Units*	**	22,405
	Fidelity	Fidelity Adv New Insights-T; 67,227 Units*	**	1,148,230
	Fidelity	Fidelity Freedom 2050 Fund Cl T: 335 Units*	**	2,770
	Fidelity	Fidelity Freedom 2045 Fund Cl T: 7,292 Units*	**	61,395
	Fidelity	Fidelity Advisor Freedom 2035 Cl T: 13,068 Units*	**	132,906
	Fidelity	Fidelity Instl Money Market III; 354,327 Units*****	**	3,557,519
	Goldman Sachs	Goldman Sachs Large Value Fund; 167 Units*	**	1,255
	JP Morgan	JP Morgan High Yield Fund; 34 Units*	**	375
	JP Morgan	JP Morgan Core Bd Fd Select CL; 11,161 Units*	**	123,889
	Lazard	Lazard Emerging Markets Inst; 28 Units*	**	430
	Oppenheimer	Oppenheimer Strategic Income Class A; 24,947 Units*	**	292,795
	Pimco	Pimco Real Return Fund Inst; 30 Units*	**	355
	Pimco	Pimco High Yield Fund; 5 Units*	**	71
	Pimco	Pimco Total Return Instl; 105 Units*	**	1,240
	T Rowe Price	T Rowe Price Equity Income; 83 Units*	**	1,060
	T Rowe Price	T Rowe Price Growth Fund; 129 Units*	**	1,030
	T Rowe Price	T Rowe Price Real Estate; 62 Units*	**	442
	Thornburg	Thornburg Core Growth Fd-R4; 23,125 Units*	**	328,611
	Van Kampen	Van Kampen Equity and Income Fd Cl A; 65,066 Units*	**	506,860
	Van Kampen	Van Kampen Equity Tr Small Cap Growth Fd Cl A; 22,884 Units*	**	204,814
****	Wachovia Bank	Wachovia Enhanced Stock Market Fund CL K; 15,874 Units***	**	143,392
****	Wachovia Bank	Wachovia Enhanced Stk Mkt Fund; 43 Units***	**	536
****	Wachovia Bank	Total Return Bond Fund; 61 Units***	**	649
	Subtotal			9,910,109

AMERICAN STOCK TRANSFER & TRUST COMPANY RETIREMENT SAVINGS PLAN
EIN: 13-3439945
PLAN #001
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Concluded)
DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Property	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Subtotal from Previous Page			$ 9,910,109
	Loans			
	Participant Loans	Interest Rates Range From 4.25% to 9.25%		503,759
	Total			$10,413,868

*Mutual Fund
**Not applicable as this is a participant-directed investment
***Common Trust Fund
****Represents a party-in-interest to the Plan
*****Mutual Fund/Interest-Bearing Cash
See Independent Auditors' Report

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name American Stock Transfer & Trust Company Retirement Savings Plan **EIN:** 13-3439945
Plan Sponsor's Name American Stock Transfer & Trust Company **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY	MUTUAL FUND FREEDOM INCOME FUND		62,702
	JP MORGAN	MUTUAL FUND CORE BOND FUND SELECT CL		123,889
*	EVERGREEN	MUTUAL FUND CORE BOND FUND CCA		223,555
	OPPENHEIMER	MUTUAL FUND STRATEGIC INCOME CLASS A		292,795
*	EVERGREEN	MUTUAL FUND INT'L BOND CL I		680
	PIMCO	MUTUAL FUND REAL RETURN FUND INST		355
	JP MORGAN	MUTUAL FUND HIGH YIELD FUND		375

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WACHOVIA BANK, N.A.	COMMON TRUST ENHANCED STOCK MARKET CL K		143,392
	AMERICAN BEACON	MUTUAL FUND LARGE CAP VALUE ADVISOR		578,318
	COLUMBIA	MUTUAL FUND MID CAP VALUE FUND CL A (FD #981)		316,685
	COLUMBIA	MUTUAL FUND TECHNOLOGY FUND CL A		430,461
	DREYFUS	MUTUAL FUND SMALL CAP STOCK INDEX FD		139,987
*	EVERGREEN	MUTUAL FUND SPECIAL VALUES FD CL A		330,188
	FIDELITY	MUTUAL FUND FREEDOM 2050 FUND CL T		2,770

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY	MUTUAL FUND FREEDOM 2045 FUND CL T		61,395
	FIDELITY	MUTUAL FUND FREEDOM 2035 CL T		132,906
	FIDELITY	MUTUAL FUND FREEDOM 2025 CL T		155,688
	FIDELITY	MUTUAL FUND FREEDOM 2015 CL T		168,315
	FIDELITY	MUTUAL FUND FREEDOM 2040 CL T		22,405
	FIDELITY	MUTUAL FUND FREEDOM 2030 CL T		65,437
	FIDELITY	MUTUAL FUND FREEDOM 2020 CL T		93,916

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY	MUTUAL FUND FREEDOM 2010 CL T		42,412
	FIDELITY	MUTUAL FUND NEW INSIGHTS-T		1,148,230
	THORNBURG	MUTUAL FUND CORE GROWTH FD-R4		328,611
	VAN KAMPEN	MUTUAL FUND EQUITY AND INCOME FD CL A		506,860
	VAN KAMPEN	MUTUAL FUND EQUITY TR SMALL CAP GROWTH FD CL A		204,814
*	EVERGREEN	MUTUAL FUND SELECT STG GR I		850
	T ROWE PRICE	MUTUAL FUND EQUITY INCOME		1,060

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ALGER	MUTUAL FUND SMALL CAP GROWTH		309
	GOLDMAN SACHS	MUTUAL FUND LARGE VALUE FUND		1,255
	T ROWE PRICE	MUTUAL FUND GROWTH FUND		1,030
	DREYFUS	MUTUAL FUND PREMIER SMALL CAP EQUITY FUND CLASS I		417
	AMERICAN	MUTUAL FUND EUROPACIFIC GROWTH FD CL R3		765,682
*	EVERGREEN	MUTUAL FUND INT'L EQUITY		1,478
	LAZARD	MUTUAL FUND EMERGING MARKTS INST.		430

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	WACHOVIA BANK, N.A.	MUTUAL FUND ENHANCED STK MKT FUND		536
*	WACHOVIA BANK, N.A.	COMMON TRUST FUND TOTAL RETURN BOND FUND		649
	PIMCO	MUTUAL FUND HIGH YEILD FUND		71
	T ROWE PRICE	MUTUAL FUND REAL ESTATE		442
	FIDELITY	MUTUAL FUND INSTL MONEY MARKET III		3,557,519
	PIMCO	MUTUAL FUND RETURN INSTL		1,240
	PARTICIPANT LOANS	VARIOUS RATES		503,759