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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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;
- [X] 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
MULLER MARTINI 401(K) SUPER SAVINGS INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MULLER MARTINI CORP.

40 RABRO DRIVE
HAUPPAUGE, NY 11788

2b Employer Identification Number (EIN)
11-2129950

2c Sponsor's telephone number
631-582-4343

2d Business code (see instructions)
333900

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.	08/18/2011	RICHARD SLATTERY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/18/2011	RICHARD SLATTERY
	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")
MULLER MARTINI CORP.

40 RABRO DRIVE
HAUPPAUGE, NY 11788

3b Administrator's EIN
11-2129950

3c Administrator's telephone number
631-582-4343

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**	640
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**	320
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	177
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	497
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	497
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	493
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
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:
2G 2J 2K 2E 2F 3D 3H

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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
MULLER MARTINI 401(K) SUPER SAVINGS INVESTMENT PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MULLER MARTINI CORP.	11-2129950	

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).. . . . . ☐ 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

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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)

NEWPORT RETIREMENT SERVICES, INC.

62-1868111

(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?
12 50 37 64	NONE	15100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS

22-2824105

(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?
27 72	NONE	240538	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMINGTON TRUST FIDUCIARY SVCS CO.

51-0099033

(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?
27 72 28 51	NONE	80179	Yes [ ] No [X]	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

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(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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MULLER MARTINI 401(K) SUPER SAVINGS INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MULLER MARTINI CORP.

D Employer Identification Number (EIN)
11-2129950

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: WILMINGTON TRUST GIC PORTFOLIO

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783330-902	C	7464004

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST FUNDAMENTAL VALUE

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783363-906	C	3608517

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST GROWTH/VALUE

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783354-905	C	965008

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST FIXED INCOME

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783732-927	C	5373107

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST LARGE CO VALUE

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783374-907	C	8510527

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST MID CAP GROWTH

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783748-929	C	1900282

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST OVERSEAS EQUITY

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

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)
26-3783687-920	C	4999270

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST S & P 500 INDEX

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

c EIN-PN 26-3783703-921	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1620157

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST SMALL CO GROWTH

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

c EIN-PN 26-3783319-901	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2007450

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST SMALL CO VALUE

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

c EIN-PN 26-3783724-926	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2504233

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST STRATEGIC GROWTH

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

c EIN-PN 26-3783632-912	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6060401

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST US ALLOCATION

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

c EIN-PN 26-3783739-928	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2510436

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST MID CAP FUND VALUE

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SVCS CO.

c EIN-PN 26-3783919-945	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1250302

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

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

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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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MULLER MARTINI 401(K) SUPER SAVINGS INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MULLER MARTINI CORP.

D Employer Identification Number (EIN)
11-2129950

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	14797	12389
(3) Other	1b(3)	2495	605
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	96618	1077
(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)	1321289	1190888
(9) Value of interest in common/collective trusts	1c(9)	54934656	48773695
(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)		
(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	56369855	49978654
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		11366
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	11366
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56369855	49967288

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)	640548	
(B) Participants	2a(1)(B)	1706145	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2346693
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)	55507	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		55507
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		5507882
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7910082
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13966665	
(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)		13966665
f Corrective distributions (see instructions)	2f		11366
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)	15100	
(3) Investment advisory and management fees	2i(3)	319518	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		334618
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14312649
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-6402567
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: ANDREAS ESBERG & CO., LLP (2) EIN: 13-3833054

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		1000000
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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MULLER MARTINI 401(K) SUPER SAVINGS INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MULLER MARTINI CORP.

D Employer Identification Number (EIN)
11-2129950

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): 27-1228437

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):

MULLER MARTINI 401(k)
SUPER SAVINGS INVESTMENT PLAN

Financial Statements

December 31, 2010 and 2009

ANDREAS ESBERG & COMPANY, LLP
CERTIFIED PUBLIC ACCOUNTANTS
909 Third Avenue, Suite 2802, New York, NY 10022

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee of
Muller Martini 401(k)
Super Savings Investment Plan

We were engaged to audit the statements of net assets available for plan benefits of Muller Martini 401(k) Super Savings Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplemental schedules of assets held for investments at December 31, 2010 and 2009 and investment income (loss) for the years then ended. These financial statements and schedules 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 12, which was certified by Wilmington Fiduciary Trust Services Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Andreas Esberg + Company LCP

New York, New York
Date: August 5, 2011

Correspondence
P.O.Box 948
New York, NY 10150-0948

TEL:(212) 354-5858
FAX:(212) 354-7131
E-mail: info@esbergco.com

MULLER MARTINI 401(k)
SUPER SAVINGS INVESTMENT PLAN
Statements of Net Assets Available for Plan Benefits
At December 31, 2010 and 2009

	2010	2009
Assets		
Investments - at fair value:		
Interest bearing cash	**$ 1,077**	$ 96,618
Funds	**48,773,695**	54,934,656
Total investments	**48,774,772**	55,031,274
Receivables:		
Participants' loans	**1,190,888**	1,321,289
Participants' contributions	**12,389**	14,797
Participants' loans and interest	**605**	2,495
	1,203,882	1,338,581
Total assets	**49,978,654**	56,369,855
Liabilities		
Accounts payable	**11,366**	0
Total liabilities	**11,366**	0
Net assets available for benefits	**$ 49,967,288**	$ 56,369,855

The accompanying notes are an integral part of these financial statements

MULLER MARTINI 401(k)
SUPER SAVINGS INVESTMENT PLAN
Statements of Changes in Net Assets Available for Plan Benefits
For the years ended December 31, 2010 and 2009

Additions:	2010	2009
Income(Loss):		
Unrealized gain (loss) - on investments	**$ 5,003,862**	$ 7,478,713
Realized gain (loss) - on investments	**504,020**	749,417
Interest	**55,507**	77,605
	5,563,389	8,305,735
Contributions:		
Employer	**640,548**	1,117,002
Participants	**1,706,145**	2,298,270
Participants' rollovers	**0**	42,037
	2,346,693	3,457,309
Total additions	**7,910,082**	11,763,044
Deductions:		
Benefits paid to participants	**13,966,665**	7,142,746
Trustee and administrative fees	**334,618**	331,637
401k Refundable	**11,366**	0
Total deductions	**14,312,649**	7,474,383
Net (decrease) increase	**(6,402,567)**	4,288,661
Net assets available for benefits:		
Beginning of year	**56,369,855**	52,081,194
End of year	**$ 49,967,288**	$ 56,369,855

The accompanying notes are an integral part of this statement.

The plan consists of three U.S. corporations, which are part of the Muller Martini worldwide group of companies.

Note 1 - Description of Plan:

The following description of the Muller Martini 401(k) Super Savings Investment Plan provides general information. Reference should be made to the Plan agreement for a more complete description of the Plan's provisions.

(a) General:

The Plan is a defined contribution plan covering all full-time and part-time employees of the U.S. Muller Martini Group who have completed six months of service effective January 1 or July 1, and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

(b) Contributions:

Each year participants may contribute from 2% pretax annual compensation, as defined in the Plan, up to a maximum dollar amount allowable by tax law. Participants age 50 or over may contribute an additional catch-up amount. Employees may also roll-over amounts representing distributions from other qualified defined benefit or contribution plans, even if they are not participating in the Plan. The Company contributed matching funds of 3% to 4% for each participant.

Note 1 - Description of Plan: (Continued)

(b) Contributions: (Continued)

For the period January 1, 2009 to March 31, 2009 the Employer Non-Elective Contribution was three percent (3%) of each participant's Compensation. For the period beginning April 1, 2009 the Employer Non-Elective Contribution was made discretionary. No discretionary contribution was made for the period April 1, 2009 to December 31, 2009 nor for year 2010.

(c) Participant Accounts:

Each participant's account is credited with the participant's pre-tax contribution, the Company's matching contribution, and the participant's rollover contribution when applicable, and Plan earnings. Each participant's account is reduced by the participant's loan balance, when applicable.

Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. 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, plus actual earnings thereon. Vesting in the Company's matching and additional 3% contribution portion of their accounts, plus actual earnings thereon, is based on the following:

Less than 3 years - 0% vested
3 years or more - 100% vested

A participant is 100% vested when they attain age sixty-five, become disabled or die.

(e) Investment Options:

Upon enrollment in the Plan, participants may direct investment of funds in their accounts, to any of thirteen investment options:

Fundamental Value Portfolio
GIC Portfolio
Intermediate Fixed Income
Large Cap Core Portfolio
Large Company Value
Mid-Cap Fundamental Value Portfolio
Mid-Cap Growth Portfolio
Overseas Equity Portfolio
S & P 500 Index Portfolio
Small Company Growth Portfolio
Small Company Value Portfolio
Strategic Growth Portfolio
US Allocation Portfolio

Participants may change their investment allocation daily.

Note 1 - Description of Plan: (Continued)

(f) Participant Loans:

Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 - 5 years or longer for a loan used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at prime rate plus 1%. Principal and interest is paid ratably through monthly payroll deductions.

(g) Payment of Benefits:

On termination of service due to death, disability or retirement, on or after reaching age sixty-five, the full value of the Plan account is payable to the participant or beneficiary. For termination of service due to other reasons, a participant will receive the value of their vested interest as a lump-sum distribution.

(h) Forfeited Accounts:

At December 31, 2010, forfeited non-vested accounts totaled $38,720, which will be used to reduce future employer contributions. $134,137 was used in 2010.

Note 2 - Summary of Accounting Policies:

(a) Basis of Accounting:

The financial statements of the Plan are prepared under the accrual method of accounting.

Note 2 - Summary of Accounting Policies: (Continued)

(b) Use of Estimates:

The preparation of financial statements in conformity with U.S. generally accepted accounting principles require management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition:

The Plan's investments are stated at a fair value measured by quoted prices in an active market. Participant loans receivable are valued at cost, which approximates fair value.

Purchases and sales of funds are recorded on a trade date basis. Interest income is recorded on the accrual basis.

(d) Payment of Benefits:

Benefits are recorded when paid.

Note 3 - Investments:

	December 31	
	2010	2009
Investments – at fair value		
Cash Holding Account	$ 1,077	$ 96,618
Fundamental Value Portfolia	3,608,517*	4,044,067*
GIC Portfolio	7,464,004*	10,705,984*
Intermediate Fixed Income Portfolio	5,373,107*	5,672,555*
Large Cap Core Portfolio	965,009	1,154,129
Large Company Value Portfolio	8,510,527*	9,895,773*
Mid-Cap Fundamental Value Portfolio	1,250,302	1,199,854
Mid-Cap Growth Portfolio	1,900,282	1,963,828
Overseas Equity Portfolio	4,999,270*	5,702,370*
S & P 500 Index Portfolio	1,620,157	1,633,082
Small Company Growth Portfolio	2,007,449	1,789,300
Small Company Value Portfolio	2,504,234*	2,337,796
Strategic Growth Portfolio	6,060,401*	6,205,169*
US Allocation Portfolio	2,510,436*	2,630,749
	$48,774,772	$55,031,274

* Represents investments of 5% or more of the total Plan assets

Note 4 - Accounts Payable:

Represents participant excess contribution refunds of $11,366 which were paid in 2011.

Note 5 - **Plan Termination and Amendments:**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of the Employee Retirement Income Security Act of 1974. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 6 - **Reconciliation of Financial Statement to Form 5500:**

Net assets available for benefits per the financial statements equal those per the Form 5500, and benefits paid to participants per the financial statements equal those per the Form 5500, for the related periods.

Note 7 - **Tax Status:**

The Plan obtained its latest determination letter in March 2001, which the Internal Revenue Service stated that the provisions of the Plan, as designed, were in compliance with the applicable requirements of the Internal Revenue Code.

In September 2010 the Department of the Treasury notified the Plan that its Form 5500-2008 had been selected for examination. The examination was done and resulted in the return being accepted as filed with no change.

Note 8 - **Trustee and Administrative Fees:**

As of January 1, 2007 the trustee and administrative fees are paid by the Plan. In prior years the trustee's fees of the Plan were absorbed by the three participating companies.

Note 9 **Operating Expenses:**

All expenses of maintaining the plan are absorbed by the three participating companies.

Note 10 - Significant Investments:

There are eight investments representing 5% or more of total Plan assets in 2010. (See Note 3)

Note 11 - Significant Transactions:

There are no transactions representing 5% or more of total plan assets in 2010.

Note 12 - Information Certified by the Plan's Trustee:

The plan administrator has elected the method of compliance 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. Accordingly, Wilmington Trust Fiduciary Services Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments in interest bearing cash and funds reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2010 and 2009 and the schedule of assets held for investment as of December 31, 2010 and 2009, the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended 2010 and 2009 and the schedule of investment income (loss) for the years ended December 31, 2010 and 2009.

Note 13 - Fair Value Measurements:

FASB Statement No. 157, *Fair Value Measurements,* establishes a 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 Statement No. 157 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.

If the assets or liability has a specific (contractual) term, the level 2 input must be observed 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.

Note 13 - Fair Value Measurements: (Continued)

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. The adoption of FASB No. 157 did not have a material impact to the Plans financial statement for the current year.

Interest Bearing Cash:

Fixed income investments are valued on the basis of valuations furnished by a Trustee-approved independent pricing service, which determines valuations for normal institutional-size trading units of such securities using methods based on market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders, or at fair value as determined in good faith by the trustee. Short-term investments, if any, are stated at amortized cost, which approximates fair value.
Assigned Level 2

Common/Collective Trusts:

Valued using other significant observable inputs. Observable inputs are inputs that other market participants would use in valuing a portfolio instrument. These may include quoted prices for similar securities, interest rates, prepayment speeds, credit risk and others.
Assigned Level 2

Note 13 - Fair Value Measurements: (Continued)

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.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010.

Assets at Fair Value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 0	$ 1,077	$ 0	$ 1,077
Common/Collective Trusts	0	48,773,695	0	48,773,695
Total assets at fair value	$ 0	$48,774,772	$ 0	$48,774,772

Note 14 - Risks and Uncertainties:

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

Note 15 - **Subsequent Events:**

In 2011 one of the U.S. corporations was merged into one of the other U.S. corporations. The employees and their fund balances will continue to exist after this merger.

MULLER MARTINI 401(k)
SUPER SAVINGS INVESTMENT PLAN
Schedule of Assets Held for Investment
At December 31, 2010 and 2009

Schedule 1

		2010			2009		
		Cost	Current Value		Cost	Current Value	
	Interest bearing cash:						
	Money Market	$ 1,077	$ 1,077		$ 96,618	$ 96,618	
		1,077	1,077		96,618	96,618	
	Funds:						
	Fundamental Value Portfolio	2,758,722	3,608,517	*	3,562,021	4,044,067	*
	GIC Portfolio	7,407,301	7,464,004	*	10,359,079	10,705,984	*
	Intermediate Fixed Income Portfolio	5,073,970	5,373,107	*	5,213,382	5,672,555	*
(a)	Large Cap Core Portfolio	790,972	965,009		1,111,421	1,154,129	
	Large Company Value Portfolio	6,471,950	8,510,527	*	8,080,831	9,895,773	*
	Mid-Cap Fundamental Value Portfolio	1,032,130	1,250,302		1,080,227	1,199,854	
	Mid-Cap Growth Portfolio	1,409,387	1,900,282		1,791,459	1,963,828	
	Overseas Equity Portfolio	4,460,133	4,999,270	*	5,372,790	5,702,370	*
	S & P 500 Index Portfolio	1,353,750	1,620,157		1,581,771	1,633,082	
	Small Company Growth Portfolio	1,296,564	2,007,449		1,633,126	1,789,300	
	Small Company Value Portfolio	1,880,995	2,504,234	*	2,066,876	2,337,796	
	Strategic Growth Portfolio	4,872,319	6,060,401	*	6,202,114	6,205,169	*
	US Allocation Portfolio	2,013,989	2,510,436	*	2,483,292	2,630,749	
		40,822,182	48,773,695		50,538,389	54,934,656	
	Total	$ 40,823,259	$ 48,774,772		$ 50,635,007	$ 55,031,274	

(a) Prior year called "Growth Value Portfolio"

* Represents investments of 5% or more of the total plan assets

The accompanying report and notes are an integral part of this statement.

MULLER MARTINI 401(k)
SUPER SAVINGS INVESTMENT PLAN
Schedule of Income (Loss)
For the year ended December 31, 2010

Schedule 2

	Total	Realized Gain (Loss)	Unrealized Gain (Loss)	Interest
Money Market	$ 33	$ -	$ -	$ 33
Fundamental Value Portfolio	578,630	36,693	541,937	0
GIC Portfolio	65,684	23,846	41,838	0
Intermediate Fixed Income	322,937	120,659	202,278	0
Large Cap Core Portfolio	79,893	(1,773)	81,666	0
Large Company Value Portfolio	1,010,676	21,831	988,845	0
Mid-Cap Fundamental Value Portfolio	207,712	33,393	174,319	0
Mid-Cap Growth Portfolio	405,073	58,667	346,406	0
Overseas Equity Portfolio	248,691	(26,766)	275,457	0
S & P 500 Index Portfolio	212,819	9,426	203,393	0
Small Company Growth Portfolio	597,248	85,694	511,554	0
Small Company Value Portfolio	537,048	89,540	447,508	0
Strategic Growth Portfolio	896,425	6,851	889,574	0
US Allocation Portfolio	345,046	45,959	299,087	0
Participants' loans	55,474	-	-	55,474
	$ 5,563,389	$ 504,020	$ 5,003,862	$ 55,507

The accompanying report and notes are an integral part of this statement.

MULLER MARTINI 401(k)
SUPER SAVINGS INVESTMENT PLAN
Schedule of Income (Loss)
For the year ended December 31, 2009

Schedule 3

	Total	Realized Gain (Loss)	Unrealized Gain (Loss)	Interest
Money Market	$ 67	$ 0	$ 0	$ 67
Capital Growth Portfolio	4	4	0	0
Fundamental Value Portfolio	803,712	60,210	743,502	0
GIC Portfolio	91,026	24,641	66,385	0
Growth Value Portfolio	312,178	64,063	248,115	0
Intermediate Fixed Income	375,318	124,268	251,050	0
Large Company Value	1,128,346	(108,937)	1,237,283	0
Mid-Cap Fundamental Value Portfolio	313,729	67,347	246,382	0
Mid-Cap Growth Portfolio	476,700	85,049	391,651	0
Overseas Equity Portfolio	988,116	18,935	969,181	0
S & P 500 Index Portfolio	349,247	24,247	325,000	0
Small Company Growth Portfolio	546,659	94,732	451,927	0
Small Company Value Portfolio	498,024	24,418	473,606	0
Strategic Growth Portfolio	1,723,820	203,879	1,519,941	0
US Allocation Portfolio	621,251	66,561	554,690	0
Participants' loans	77,538	0	0	77,538
Other				
	$ 8,305,735	$ 749,417	$ 7,478,713	$ 77,605

The accompanying report and notes are an integral part of this statement.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MULLER MARTINI 401(k) SUPER SAVINGS INVESTMENT PLAN **EIN:** 11-2129950
Plan Sponsor's Name Muller Martini Corp. **PN:** 002

(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
	WT-FSC GIC PORTFOLIO	COMMON COLLECTIVE TRUST		7,464,004
	WT-FSC FUNDAMENTAL VALUE	COMMON COLLECTIVE TRUST		3,608,517
	WT-FSC GROWTH/VALUE	COMMON COLLECTIVE TRUST		965,009
	WT-FSC INTERM FIXED INC	COMMON COLLECTIVE TRUST		5,373,107
	WT-FSC LARGE COMPANY VAL	COMMON COLLECTIVE TRUST		8,510,527
	WT-FSC MID CAP FUND VALUE	COMMON COLLECTIVE TRUST		1,250,302
	WT-FSC MID CAP GROWTH	COMMON COLLECTIVE TRUST		1,900,282

Attachment to 2010 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
	WT-FSC OVERSEAS EQUITY	COMMON COLLECTIVE TRUST		4,999,270
	WT-FSC S & P 500 INDEX	COMMON COLLECTIVE TRUST		1,620,157
	WT-FSC SM CO GROWTH	COMMON COLLECTIVE TRUST		2,007,449
	WT-FSC SM CO VALUE	COMMON COLLECTIVE TRUST		2,504,234
	WT-FSC STRATEGIC GROWTH	COMMON COLLECTIVE TRUST		6,060,401
	WT-FSC US ALLOCATION	COMMON COLLECTIVE TRUST		2,510,436
	LOAN FUND	PARTICIPANT LOANS WITH VARIOUS INTEREST RATES AND MATURITY DATES		1,190,888

Attachment to 2010 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
	CASH HOLDING ACCOUNT	CASH		1,077