U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: JOSEPH F Brock President Title Organization East Coast Labor Relations, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 151 Forge Road City Delran City ◯ ZIP Code + 4 08075 State New Jersey State 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): 120/31 **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2 / 13 / 2008 8. Name of person(s) through whom made: Organization Global Sign Inc Name Michael Seserko Trade Name, if any P.O. Box, Bldg., Room No., if any Name Street 913 William Leigh Drive, Unit 1 Tullytown O ZIP Code + 4 19007 State Pennsylvania Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President Treasurer (If other title, see (If other title, see

instructions)

Title

instructions)

Telephone Number

| Filer: East Coast Labor Relations, LLC  |                              | File Number C-                     |
|---|------------------------------|------------------------------------|
|   |                              |                                    |
| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:   |                              |                                    |
| a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.  |                              |                                    |
| b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding. |                              |                                    |
|   |                              |                                    |
| 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):  Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain colletively. Terms are \$187.50 per hour plus expenses.                  |                              |                                    |
| Specific Activities to be Performed   |                              |                                    |
| 11. For each activity, separately list in detail the information required (See instructions):   |                              |                                    |
| a. Nature of activity:  To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.  |                              |                                    |
| 11.b. Period during which performed:  | 11.c. Extent performed:      |                                    |
| Various days beginning 2/22/08  | Fully Performed              |                                    |
| 11.d. Name and address through whom performed:  | Additional Name and address  | ss through whom performed, if any: |
| Name REGISTER RECEIVED AND AND AND AND AND AND AND AND AND AN   | Name                         |                                    |
| Organization LRI Consulting Services, Inc.  | Organization                 |                                    |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No.,   | if any                             |
| Street 7850 S Elm Place, Suite E  | Street                       |                                    |
| City Broken Arrow   | City                         |                                    |
| State Ohio ZIP Code + 4 74011   | State                        | ZIP Code + 4                       |
| 12.a. Identify subject groups of employees:   | 12.b. Identify subject labor | organizations:                     |
| Sign Fabricators, Sign Installers, Sign Service & Painters, Shipping/Receiving, Sign Crafters and Drivers   | Sheet Metal Worker           | S.                                 |
|   |                              |                                    |