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: C- 675	(31 1 10				
Person Filing					
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:			
Name Jason Rodriguez		Name			
Title Senior Vice President		Title			
Organization Prestige Consulting Solutions LLC.		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 5500 Florence Harbor Dr.		Street			
City Orlando		City			
State Florida	ZIP Code + 4 32829	State ZIP Code + 4			
4. Date fiscal year ends:	5. Type of person:				
Dec / 31	a. Individual b. Partnership	o c. Corporation d. Other (Specify):			
Nature of Agreement or Arrangemer	ıt				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 11 / 24 / 2009			
Name					
Organization DSC Logistics		Name of person(s) through whom made:			
Trade Name, if any		Name Verlyn Suderman			
P.O. Box, Bldg., Room No., if any		Name			
Street 1750 South Wolf Rd		Name			
City Des Plaines		Name			
State Illinois	ZIP Code + 4 60018	Name			
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 Whon penalties in the instructions.)					
13. Signed Other (Specify)	President (If other title, see instructions)	Treasurer (If other title, see instructions)			
Senior Vice Presid	lent "				
On 6/30/2010 40	7-373-3800	On			
Date	Telephone Number	Date Telephone Number			

,,,**				
Filer: Jason Rodriguez Prestige Consulting	ng Solutions LLC.	File Number C-		
9. Check the appropriate box to indicate whether an object of the	he activities undertaken, is directly	or indirectly:		
a. To persuade employees to exercise or not to exercis collectively through representatives of their own cho	e, or persuade employees as to the osing.	e manner of exercising, the right to organize and bargain		
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.):				
Verval agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.				
,				
				
Specific Activities to be Performed				

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively. 11.b. Period during which performed: various days beginning 11/3/09 11.d. Name and address through whom performed: Name Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 S Elm Place Suite E 11.c. Extent performed: Fully performed: Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street Street

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

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 Oklahoma ZIP C	Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:
Distribution	į	Bakery, Confectionery, Tobacco
	;	

Form LM-20 (2003) Page 2 of 2