

1.) CORPORATION NAME:

SMI-OWEN STEEL COMPANY, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1224403**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

SC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 114 EAST WAREHOUSE COURT

CITY/ST/ZIP: TAYLORS, SC 29687

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: TRACY PORTER TITLE: PRESIDENT ADDRESS: 6565 N MACARTHUR BLVD #800 CITY/ST/ZIP/CO: IRVING, TX 75039</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: BRIAN NORTON TITLE: VP/GEN MGR ADDRESS: 6565 N MACARTHUR BLVD. #800 CITY/ST/ZIP/CO: IRVING, TX 75039</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANN J BRUDER TITLE: DIRECTOR ADDRESS: 6565 N MACARTHUR BLVD #800 CITY/ST/ZIP/CO: IRVING, TX 75039</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CAREY J DUBOIS TITLE: TREAS/DIR ADDRESS: PO BOX 1046 CITY/ST/ZIP/CO: DALLAS, TX 75221</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARY A LINDSEY TITLE: ASST TREASURER ADDRESS: 6565 N MACARTHUR BLVD. #800 CITY/ST/ZIP/CO: IRVING, TX 75039</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PAUL K KIRKPATRICK TITLE: SECRETARY ADDRESS: 6565 N MACARTHUR BLVD. #800 CITY/ST/ZIP/CO: IRVING, TX 75039</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: BARBARA R SMITH TITLE: DIRECTOR ADDRESS: 6565 N MACARTHUR BLVD. #800 CITY/ST/ZIP/CO: IRVING, TX 75039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JODY K ABSHER TITLE: ASST SECRETARY ADDRESS: 6565 N MacArthur Blvd., Suite 800 CITY/ST/ZIP/CO: Irving, TX 75039	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JODY KABSHER	JODY KABSHER,	7/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.