

1.) CORPORATION NAME:

DUE DATE: **5/31/2015**

**Metals USA Plates and Shapes Southeast, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1425463**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1251 WOODLAND AVE.

CITY/ST/ZIP: MOBILE, AL 36652

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICKEY MARSHALL	
TITLE:	PRESIDENT	
ADDRESS:	1251 WOODLAND AVENUE	
CITY/ST/ZIP/CO:	MOBILE, AL 36652	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KARLA LEWIS	
TITLE:	VP & SEC	
ADDRESS:	350 SOUTH GRAND AVENUE SUITE 5100	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SILVA YEGHYAYAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	350 SOUTH GRAND AVENUE SUITE 5100	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEITH KOCI	
TITLE:	TREASURER	
ADDRESS:	2400 E. COMMERCIAL BLVD. SUITE 905	
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33308	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM A. SMITH II	
TITLE:	ASST TREASURER	
ADDRESS:	350 SOUTH GRAND AVENUE SUITE 5100	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID H. HANNAH	
TITLE:	CEO	
ADDRESS:	350 SOUTH GRAND AVENUE SUITE 5100	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071	

NAME:	WILLIAM A. SMITH II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	350 SOUTH GRAND AVENUE		
	SUITE 5100		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071		

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/ KARLA LEWIS	KARLA LEWIS, VP & SEC	5/6/2015
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.