

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214553531

1.) CORPORATION NAME:

Infra-Metals Co.

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1494915**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 350 SOUTH GRAND AVENUE
SUITE 5100

CITY/ST/ZIP: LOS ANGELES, CA 90071

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.

NAME:	MARK HAIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT & COO		
ADDRESS:	8 PENT HIGHWAY		
CITY/ST/ZIP/CO:	WALLINGFORD, CT 06492		

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

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

NAME:	JOHN LUSDYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	580 MIDDLETON BLVD SUITE D-100		
CITY/ST/ZIP/CO:	LANGHORNE, PA 19047		

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

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

NAME:	HERB DUBROW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	580 MIDDLETOWN BLVD.		
CITY/ST/ZIP/CO:	SUITE D-100 LANGHORNE, PA 19047		

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 & SECRETARY	12/19/2014
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.