

1.) CORPORATION NAME:

JOSEPH T. RYERSON & SON, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1653965**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 227 WEST MONROE STREET
27TH FLOOR

CITY/ST/ZIP: CHICAGO, IL 60606

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:	MICHAEL C. ARNOLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	227 WEST MONROE STREET 27TH FLOOR CHICAGO, IL 60606		
CITY/ST/ZIP/CO:			
NAME:	EVA M. KALAWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	360 N CRESCENT DRIVE BLDG S BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			
NAME:	MARY ANN SIGLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	360 N CRESCENT DR. SOUTH BLDG. BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			
NAME:	SALLY A. WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC.		
ADDRESS:	360 N. CRESCENT DRIVE. SOUTH BLDG BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			
NAME:	ROBERT J. JOUBRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	360 N CRESCENT DR. SOUTH BLDG. BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E. OWENS ASST TREASURER 227 WEST MONROE STREET 27TH FLOOR CHICAGO, IL 60606	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jacob Kotzubei DIRECTOR 360 N Crescent Dr. South Bldg. Beverly Hills, CA 90210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edward J. Lehner VICE PRESIDENT 227 West Monroe Street 27th Floor Chicago, IL 60606	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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/ SALLY A. WARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SALLY A. WARD, ASST SEC. PRINTED NAME AND CORPORATE TITLE	1/16/2013 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.			