

1.) CORPORATION NAME:

Earle M. Jorgensen Company

DUE DATE: **12/31/2011**

SCC ID NO: **F1776147**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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: 350 S. GRAND AVE
STE 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:	KENNETH L HENRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	2030 W. COMMERCE ST		
CITY/ST/ZIP/CO:	DALLAS, TX 75208-		
NAME:	PAUL IORIATTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-CHICAGO		
ADDRESS:	1900 MITCHELL BLVD		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60193-		
NAME:	E. GILBERT LEON, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	10650 ALAMEDA ST		
CITY/ST/ZIP/CO:	LYNWOOD, CA 90262-		
NAME:	JAMES DESMOND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	10650 ALAMEDA ST		
CITY/ST/ZIP/CO:	LYNWOOD, CA 90262-		
NAME:	JAMES D. HOFFMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO PRESIDENT		
ADDRESS:	350 S. GRAND AVE SUITE 5100		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071-		

NAME: KARLA LEWIS TITLE: SECRETARY ADDRESS: 350 S. GRAND AVE. SUITE 5100 CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID H. HANNAH TITLE: VICE PRESIDENT ADDRESS: 350 S. GRAND AVE., SUITE 5100 CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: GREGG J. MOLLINS TITLE: DIRECTOR ADDRESS: 350 S. GRAND AVE., SUITE 5100 CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ KARLA LEWIS</u>	<u>KARLA LEWIS, SECRETARY</u>	<u>12/22/2011</u>
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.