

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212549999

1.) CORPORATION NAME:

Earle M. Jorgensen Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1776147**

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:	JAMES D. HOFFMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	350 S. GRAND AVE SUITE 5100 LOS ANGELES, CA 90071		
CITY/ST/ZIP/CO:			
NAME:	DAVID H. HANNAH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	350 S. GRAND AVE., SUITE 5100 LOS ANGELES, CA 90071		
CITY/ST/ZIP/CO:			
NAME:	PAUL IORIATTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-CHICAGO		
ADDRESS:	1900 MITCHELL BLVD SCHAUMBURG, IL 60193		
CITY/ST/ZIP/CO:			
NAME:	E. GILBERT LEON, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	10650 ALAMEDA ST LYNWOOD, CA 90262		
CITY/ST/ZIP/CO:			
NAME:	KARLA LEWIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	350 S. GRAND AVE. SUITE 5100 LOS ANGELES, CA 90071		
CITY/ST/ZIP/CO:			
NAME:	JAMES DESMOND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10650 ALAMEDA ST LYNWOOD, CA 90262		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG J. MOLLINS DIRECTOR 350 S. GRAND AVE., SUITE 5100 LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN GHOENES VICE PRESIDENT 220 CABOT BLVD WEST SUITE 100 LANGHORNE, PA 19047	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SILVA YEGHYAYAN VICE PRESIDENT 350 S. GRAND AVE. SUITE 5100 LOS ANGELES, CA 90071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD KING VICE PRESIDENT 2060 ENTERPRISE PKWY TWINSBERG , OH 44087	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB ROY VICE PRESIDENT 10650 ALAMEDA STREET LYNWOOD, CA 90262	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN YAMAGUCHI VICE PRESIDENT 1900 MITCHELL BLVD SCHAUMBURG, IL 60193	<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/ KARLA LEWIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KARLA LEWIS, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/27/2012 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.			