

1.) CORPORATION NAME:

**Earle M. Jorgensen Company**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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 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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES DESMOND	
TITLE:	PRESIDENT & COO	
ADDRESS:	10650 ALAMEDA STREET	
CITY/ST/ZIP/CO:	LYNWOOD, CA 90262	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID H. HANNAH	
TITLE:	VICE PRESIDENT	
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:	KARLA LEWIS	
TITLE:	VP & SECRETARY	
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:	STEPHEN GHOENS	
TITLE:	VP, EAST REGION	
ADDRESS:	2200 CABOT BLVD., WEST	
	SUITE 100	
CITY/ST/ZIP/CO:	LANGHORNE, PA 19047	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL IORIATTI	
TITLE:	VP, CHICAGO	
ADDRESS:	1900 MITCHELL BLVD.	
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60193	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD KING	
TITLE:	VP, SO. REGION	
ADDRESS:	2060 ENTERPRISE PKWY.	
CITY/ST/ZIP/CO:	TWINSBURG, OH 44087	

NAME: E. GILBERT LEON, JR. TITLE: VP & CFO ADDRESS: 10650 ALAMEDA STREET CITY/ST/ZIP/CO: LYNWOOD, CA 90262	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROB ROY TITLE: VP, WEST REGION ADDRESS: 10650 ALAMEDA STREET CITY/ST/ZIP/CO: LYNWOOD, CA 90262	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN YAMAGUCHI TITLE: VP, MERCHANDISE ADDRESS: 1900 MITCHELL BLVD. CITY/ST/ZIP/CO: SCHAUMBURG, IL 60193	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SILVA YEGHYAYAN TITLE: VP, TAX ADDRESS: 350 SOUTH GRAND AVENUE CITY/ST/ZIP/CO: SUITE 5100 LOS ANGELES, CA 90071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES D. HOFFMAN TITLE: CEO ADDRESS: 350 SOUTH GRAND AVENUE CITY/ST/ZIP/CO: SUITE 5100 LOS ANGELES, CA 90071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GREGG J. MOLLINS TITLE: DIRECTOR ADDRESS: 350 SOUTH GRAND AVENUE CITY/ST/ZIP/CO: SUITE 5100 LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" 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, VP & SECRETARY PRINTED NAME AND CORPORATE TITLE	12/4/2013 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.		