

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001658

**Entity Name:** EARLE M. JORGENSEN COMPANY

**Current Principal Place of Business:**

350 S. GRAND AVE.  
SUITE 5100  
LOS ANGELES, CA 90071

**Current Mailing Address:**

350 S. GRAND AVE.  
SUITE 5100  
LOS ANGELES, CA 90071 US

**FEI Number:** 65-1269024

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO  
Name HOFFMAN, JAMES D.  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title VP, EASTERN REGION  
Name GHOENS, STEPHEN  
Address 2200 CABOT BLVD., WEST  
SUITE 100  
City-State-Zip: LANGHORNE PA 19047

Title VP  
Name LEON, E. GILBERT JR.  
Address 10650 ALAMEDA STREET  
City-State-Zip: LYNWOOD CA 90262

Title VP  
Name LEWIS, KARLA R.  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title PRESIDENT  
Name DESMOND, JAMES  
Address 10650 ALAMEDA STREET  
City-State-Zip: LYNWOOD CA 90262

Title VP, SOUTHERN REGION  
Name KING, EDWARD  
Address 2060 ENTERPRISE PKWY.  
City-State-Zip: TWINSBURG OH 44087

Title CFO  
Name LEON, E. GILBERT JR.  
Address 10650 ALAMEDA STREET  
City-State-Zip: LYNWOOD CA 90262

Title SECRETARY  
Name LEWIS, KARLA R.  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARLA R. LEWIS

**VICE PRESIDENT**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, WESTERN REGION  
Name ROY, ROB  
Address 10650 ALAMEDA STREET  
City-State-Zip: LYNWOOD CA 90262

Title DIRECTOR  
Name LEWIS, KARLA R.  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title ASSISTANT SECRETARY  
Name SMITH, WILLIAM A. II  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title REGIONAL VICE PRESIDENT, MIDWEST  
Name KLOSE, BRIAN  
Address 1900 MITCHELL BOULEVARD  
City-State-Zip: SCHAUMBURG IL 60193

Title VP, TAX  
Name YEGHYAYAN, SILVA  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title VP  
Name SMITH, WILLIAM A. II  
Address 350 S. GRAND AVE.  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title DIRECTOR  
Name HOFFMAN, JAMES D.  
Address 350 S. GRAND AVE  
SUITE 5100  
City-State-Zip: LOS ANGELES CA 90071

Title VICE PRESIDENT OF  
MERCHANDISING  
Name LANE, CROFFORD  
Address 10650 ALAMEDA STREET  
City-State-Zip: LYNWOOD CA 90262