

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001658

FILED
Apr 13, 2009
Secretary of State

Entity Name: EARLE M. JORGENSEN COMPANY

Current Principal Place of Business:

10650 ALAMEDA STREET
LYNWOOD, CA 90262

New Principal Place of Business:

Current Mailing Address:

350 S. GRAND AVE., 51ST FLOOR
LOS ANGELES, CA 90071

New Mailing Address:

FEI Number: 65-1269024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MCCAFFERY, R. NEIL
Address: 10650 ALAMEDA STREET
City-St-Zip: LYNWOOD, CA 90262

Title: COO () Delete
Name: HOFFMAN, JAMES D
Address: 1900 MITCHELL BLVD.
City-St-Zip: SCHAUMBURG, IL 60193

Title: EVP () Delete
Name: HENRY, KENNETH L
Address: 2030 W. COMMERCE STREET
City-St-Zip: DALLAS, TX 75208

Title: CONT () Delete
Name: LEON, E. GILBERT JR.
Address: 10650 ALAMEDA STREET
City-St-Zip: LYNWOOD, CA 90262

Title: SEC () Delete
Name: LEWIS, KARLA
Address: 350 S. GRAND AVENUE, STE 5100
City-St-Zip: LOS ANGELES, CA 90071

Title: VP () Delete
Name: HANNAH, DAVID H
Address: 350 S. GRAND AVENUE, STE 5100
City-St-Zip: LOS ANGELES, CA 90071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: DESMOND, JAMES D
Address: 10650 ALAMEDA ST.
City-St-Zip: LYNWOOD, CA 90262

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: LEON, E. GILBERT JR.
Address: 10650 ALAMEDA STREET
City-St-Zip: LYNWOOD, CA 90262

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARLA LEWIS

SEC

04/13/2009

Electronic Signature of Signing Officer or Director

Date