

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90468 027 \*\*\*150.00

<b>DOCUMENT # F03000004317</b>	
1. Entity Name <b>EARLE M. JORGENSEN COMPANY</b>	

Principal Place of Business <b>3050 EAST BIRCH STREET BREA, CA 92821</b>	Mailing Address <b>3050 EAST BIRCH STREET BREA, CA 92821</b>
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**24074224**

2. Principal Place of Business <b>10650 S. ALAMEDA</b>		3. Mailing Address <b>10650 S. ALAMEDA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LYNWOOD CA</b>		City & State <b>LYNWOOD CA</b>	
Zip <b>90262</b>	Country <b>USA</b>	Zip <b>90262</b>	Country <b>USA</b>



05032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>95-0886610</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>COB</b>	NAME <b>RODERICK, DAVID M</b>	TITLE <b>D</b>	NAME <b>EARL MASON</b>
STREET ADDRESS <b>600 GRANT STREET STE. 6200</b>	CITY-ST-ZIP <b>PITTSBURG, PA 152194776</b>	STREET ADDRESS <b>5 COVEY RISE</b>	CITY-ST-ZIP <b>SPRING ISLAND, SC 29910</b>
TITLE <b>PCEO</b>	NAME <b>NELSON, MAURICE S</b>	TITLE <b>VP</b>	NAME <b>R NEIL MCCAFFERY</b>
STREET ADDRESS <b>3050 E. BIRCH ST</b>	CITY-ST-ZIP <b>BREA, CA 92821</b>	STREET ADDRESS <b>10650 S. ALAMEDA</b>	CITY-ST-ZIP <b>LYNWOOD, CA 90262</b>
TITLE <b>D</b>	NAME <b>MARQUARD, WILLIAM A</b>	TITLE <b>CFO</b>	NAME <b>WILLIAM S. JOHNSON</b>
STREET ADDRESS <b>2199 MAYSVILLE ROAD 9-D</b>	CITY-ST-ZIP <b>CARLISLE, KY 40311</b>	STREET ADDRESS <b>10650 S. ALAMEDA ST</b>	CITY-ST-ZIP <b>LYNWOOD, CA 90262</b>
TITLE <b>D</b>	NAME <b>NICKELL, FRANK</b>	TITLE <b>VP</b>	NAME <b>KENNETH HENRY</b>
STREET ADDRESS <b>320 PARK AVENUE 24TH FL</b>	CITY-ST-ZIP <b>NEW YORK, NY 10022</b>	STREET ADDRESS <b>1900 MITCHELL BLVD</b>	CITY-ST-ZIP <b>SCHAUMBURG, IL 60193</b>
TITLE <b>D</b>	NAME <b>RUTLEDGE, JOHN</b>	TITLE <b>VP</b>	NAME <b>JAMES HOFFMAN</b>
STREET ADDRESS <b>ONE CANTERBURY GREEN</b>	CITY-ST-ZIP <b>STAMFORD, CT 06901</b>	STREET ADDRESS <b>26400 RICHMOND RD</b>	CITY-ST-ZIP <b>CLEVELAND, OH 44146</b>
TITLE <b>D</b>	NAME <b>WAHRHAFTIG, DAVID</b>	TITLE <b>VP</b>	NAME <b>FRANK T TRAVETTO</b>
STREET ADDRESS <b>320 PARK AVENUE 24TH FL</b>	CITY-ST-ZIP <b>NEW YORK, NY 10022</b>	STREET ADDRESS <b>110 E. IRVING PARK</b>	CITY-ST-ZIP <b>ROSELLE, IL 60172</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/2/04 (323) 923-6124**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #