Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HAGEMEYER NORTH AMERICA, INC.

1460 TOBIAS GADSON BLVD.
CHARLESTON, SC 29407

2b Employer Identification Number (EIN)
56-2281578

2c Sponsor's telephone number
843-745-6869

2d Business code (see instructions)
551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	JANINE MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HAGEMEYER NORTH AMERICA, INC. 1460 TOBIAS GADSON BLVD. CHARLESTON, SC 29407	**3b** Administrator's EIN 56-2281578 **3c** Administrator's telephone number 843-745-6869

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name		**4b** EIN **4c** PN

5 Total number of participants at the beginning of the plan year	**5**	3595
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	2600
b Retired or separated participants receiving benefits	**6b**	134
c Other retired or separated participants entitled to future benefits	**6c**	581
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3315
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	14
f Total. Add lines **6d** and **6e**	**6f**	3329
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3191
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	322
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**	
(1) X	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)
		(3)	___ **A** (Insurance Information)
		(4) X	**C** (Service Provider Information)
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** X	**D** (DFE/Participating Plan Information)
		(6)	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 57 71 52 56 59 60 62 63 72	RECORDKEEPING	54257	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): AMVESCAP NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1142974-001	C	36183381

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	227556	28096
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4156682	4194023
(9) Value of interest in common/collective trusts	1c(9)	39023605	36183381
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	75189753	91425435
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	638335	962577

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	119235931	132793512
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	70205	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	70205	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	119165726	132793512

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	428255	
(B) Participants	2a(1)(B)	7063782	
(C) Others (including rollovers)	2a(1)(C)	182779	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7674816
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	237	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	260126	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		260363
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1618012	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1618012
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1148393
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16983477
c Other income	2c		2770976
d Total income. Add all **income** amounts in column (b) and enter total	2d		30456037
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16040190	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16040190
f Corrective distributions (see instructions)	2f		67671
g Certain deemed distributions of participant loans (see instructions)	2g		558414
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	161976	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		161976
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16828251
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		13627786
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG LLP (2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAGEMEYER NORTH AMERICA, INC.

D Employer Identification Number (EIN)
56-2281578

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-3513863 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

KPMG

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Table of Contents

	Page
Independent Auditors' Report	2
Financial Statements as of and for the years ended December 31, 2009 and 2008:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 – 15
Supplemental Schedule as of December 31, 2009:	
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	16

Note: The accompanying financial statements and supplemental schedule have been prepared for the purpose of filing Department of Labor's Form 5500. Supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are omitted because of the absence of conditions under which such schedules are required.

KPMG LLP
1601 Market Street
Philadelphia, PA 19103-2499

Independent Auditors' Report

Participants and Administrator
Hagemeyer North America
Profit Sharing & 401(k) Plan and Trust:

We were engaged to audit the accompanying statements of net assets available for benefits of the Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 7, which was certified by Merrill Lynch Bank and Trust Co., FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 12, 2010

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Participant-directed investments – at fair value	$ 128,599,489	115,079,249
Participant loans	4,194,023	4,156,682
Total assets	132,793,512	119,235,931
Liabilities:		
Excess contributions payable	—	70,205
Total liabilities	—	70,205
Net assets available for benefits at fair value	132,793,512	119,165,726
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(710,230)	1,871,619
Net assets available for benefits	$ 132,083,282	121,037,345

See accompanying notes to financial statements.

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	2009	2008
Additions (reductions):		
Investment income	$ 3,092,025	3,266,054
Net appreciation (depreciation) in fair value of investments	17,107,347	(41,594,738)
Total investment income (loss)	20,199,372	(38,328,684)
Contributions:		
Employer	428,255	5,554,004
Participant	7,063,782	9,034,698
Participant rollover	182,779	731,581
Total contributions	7,674,816	15,320,283
Transfers from other plans	—	4,999,788
Total additions (reductions)	27,874,188	(18,008,613)
Deductions:		
Benefits paid to participants	16,666,275	21,610,781
Administrative expenses	161,976	340,716
Total deductions	16,828,251	21,951,497
Net increase (decrease)	11,045,937	(39,960,110)
Net assets available for benefits:		
Beginning of year	121,037,345	160,997,455
End of year	$ 132,083,282	121,037,345

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

The Plan is a defined contribution plan covering substantially all employees of Hagemeyer North America Inc., and subsidiaries (the Company). The Compensation Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. Merrill Lynch Bank and Trust Co., FSB serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Eligibility

An employee is eligible to participate in the Plan effective as soon as administratively practicable after the date on which the employee is first credited with an hour of service. An eligible employee becomes a participant with respect to matching contributions effective as soon as administratively practicable on the first day of the calendar quarter on or following the date on which the eligible employee has completed a six-month period of service.

(c) Plan Merger

Effective January 8, 2008, the net assets of the Bryant Electric Supply, Inc. 401(k) Profit Sharing Plan and Trust (the Bryant Plan) were merged into the Plan. In conjunction with this merger, net assets of $4,999,788 were transferred into the Plan. Participants in the Bryant Plan were provided certain service credit for eligibility and vesting as of the date of the merger.

(d) Contributions

Participants may contribute any percentage of pre-tax compensation for a total amount of contributions up to the annual limits under the Internal Revenue Code (IRC). At the time that an employee becomes a participant, as defined, the Company automatically defers 3% of the participant's compensation unless the participant elects not to defer compensation or to defer a smaller or larger percentage of compensation. The automatic deferral of compensation does not take effect until 30 days after an eligible employee has received a detailed written explanation of the provisions of the automatic deduction. A profit sharing contribution may be made at the discretion of the Company's Board of Directors. No profit sharing contributions were made during 2009 and 2008. Participants may also contribute amounts representing distributions from other qualified plans, as described in the Plan document.

A matching contribution may be made at the discretion of the Company's Board of Directors. Historically, the Company has matched 75% of a participant's deferrals that are contributed to the Plan that do not exceed 6% of a participant's eligible compensation. Effective January 1, 2009, the matching contribution was modified. From January 1, 2009 through February 28, 2009, the Company elected to match 25% of a participant's deferrals that are contributed to the Plan that do

(Continued)

not exceed 6% of a participant's eligible compensation. Beginning March 1, 2009, the Company elected to suspend its matching contribution and modified the Plan to allow an annual matching contribution. As the Company did not meet or exceed 2009 sales goals, the Company did not make any discretionary annual match for 2009. Effective January 1, 2010, the matching contribution was again modified. The Company now matches 10% of a participant's deferrals that are contributed to the Plan that do not exceed 6% of a participant's eligible compensation. The match is allocated each calendar quarter end.

(e) Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's deferral contributions, the Company's matching contribution, allocations of any Company profit sharing contributions, Plan investment income, and charged with any benefit payments and allocations of Plan investment losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of a participant's account.

(f) Investments

Participants direct the investment of their account into various investment options offered by the Plan. The Plan currently offers sixteen mutual funds, one commingled trust fund, and twelve asset allocation portfolios which use the mutual funds and the commingled trust fund offered by the Plan in various combinations. Additionally, the Plan offers a self-directed brokerage option that allows participants to buy, hold, and sell a broad array of stocks, bonds, exchange traded funds and mutual funds.

(g) Vesting

Participants are vested immediately in their deferral contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of credited service according to the following schedule:

Years of service	Vesting percentage
Less than 2	—%
2	25
3	50
4	75
5 or more	100

(Continued)

Certain participants were formerly participants in the Cameron & Barkley Company Employee Stock Ownership Plan (the ESOP). Effective January 1, 2007, for ESOP participants who have at least 1 hour of service with the Company after such date, the Plan was amended to reflect the following vesting schedule for such participants' ESOP accounts:

Years of service	Vesting percentage
Less than 3	—%
3 or more	100

(h) Participant Loans

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their vested account balances, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions over a period not exceeding ten years.

(i) Payment of Benefits

On termination of service due to death, disability, or retirement, a participant receives a lump-sum cash payment equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

(j) Forfeited Accounts

Forfeited balances of terminated participants which relate to Company contributions other than ESOP accounts are first made available to reinstate previously forfeited account balances of former participants, if any. Any remaining non-ESOP forfeited amounts are then used to offset Plan expenses and reduce future employer contributions to the Plan. Lastly, these amounts can be allocated to participants' accounts to provide additional benefits, unless the Company has determined during such plan year to permanently cease making contributions to the Plan.

Forfeited ESOP balances of terminated participants can only be allocated to participants with an ESOP account. As of December 31, 2008, all unvested amounts reflected in all terminated participant's ESOP accounts were deemed forfeited, subject to restoration. Such forfeited amounts were allocated only to participants in the ESOP on December 31, 2000 who had at least 1,000 hours of service to the Company in 2008.

Effective on or after January 1, 2009, forfeitures attributable to ESOP accounts are to be made available to restore previously forfeited ESOP account balances, if any, or, at the discretion of the Plan Administrator, used to pay expenses of the Plan or reduce Company matching contributions. Any ESOP account restorations in excess of the prior year ESOP forfeitures will be funded by a Company contribution.

(Continued)

At December 31, 2009 and 2008, forfeited nonvested accounts totaled $1,441,113 and $318,215, respectively. During the years ended December 31, 2009 and 2008, employer contributions were reduced by $73,900 and $77,729, respectively, from forfeited nonvested accounts. During the year ended December 31, 2009 and 2008, $816,434 and $1,735,344, respectively, was allocated to participants with an ESOP account from forfeited nonvested accounts.

(k) Corrections

Certain administrative errors were corrected during the 2009 and 2008 Plan years, including: errors related to the determination and allocation of ESOP forfeitures for plan years 2001 through 2006; errors related to the allocation of matching contributions; errors related to the implementation of employee elections; errors related to the suspension of deferrals following hardship withdrawals; and errors related to the repayment of loans. To facilitate the corrections, the Company made corrective contributions to the Plan to make the Plan whole and implemented additional administrative procedures to prevent the reoccurrence of such errors in the future. The Company has availed itself of certain procedures issued by the Internal Revenue Service to correct these errors and avoid any potential disqualification of the Plan. The cost associated with using such correction procedure was borne by the Company and was not charged to the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds and common trust funds. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investments in common trust funds are stated at fair value as determined by the issuer of the common trust funds based on the fair market value of the underlying investments. Common trust funds with underlying investments in investment contracts are valued at fair market value of the underlying investments

(Continued)

and then adjusted by the issuer to contract value. Money market funds are valued at cost plus accrued interest, which approximates fair value. Loans to participants are valued at amortized cost. Investments in the self-directed brokerage accounts are valued at quoted market prices.

The INVESCO Stable Value Trust (the Trust) is a stable value fund in the Institutional Retirement Trust (IRT). IRT is a collective trust of AMVESCAP National Trust Company for Participating Pensions and Profit Sharing Trusts, established by AMVESCAP for the investment and reinvestment of funds contributed by AMVESCAP in its capacity as a fiduciary for pension and profit sharing trusts. The Trust holds guaranteed investment contracts and synthetic guaranteed investment contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Management fees and operating expenses charged to the Plan for investments in the mutual funds and common trust funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Administrative Expenses

The Plan and the participants paid expenses related to the Plan as reflected in the financial statements. In addition, for the years ended December 31, 2009 and 2008, the Company paid expenses related to the Plan of $92,924 and $110,986, respectively.

(g) Excess Contributions Payable

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. In 2009, the Plan did not have any contributions in excess of the IRC limits. However, as of December 31, 2008, the Plan has recorded a payable of $70,205 due to the excess contributions in 2008.

(h) Recently Issued Accounting Standards

In May 2009, the Financial Accounting Standards Board (FASB) issued an accounting pronouncement regarding subsequent events. The pronouncement sets forth the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements, and disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The pronouncement requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. This

disclosure should alert all users of financials statements that an entity has not evaluated subsequent events after that date in the set of financial statements being presented. The pronouncement is effective for financial periods ending after June 15, 2009. The Plan has evaluated subsequent events from the balance sheet date through October 12, 2010, the date at which the financial statements were available to be issued, and determined there are no items to disclose.

In June 2009, the FASB issued an accounting pronouncement to establish the FASB Accounting Standards Codification (ASC) as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with generally accepted accounting principles. The pronouncement is effective for annual periods ending after September 15, 2009. The adoption of the pronouncement did not have any impact on the Plan's financial statements except to change the way specific accounting standards are referenced.

(3) Fair Value Measurement

(a) Fair Value Measurements

On January 1, 2008, the Plan adopted provisions of FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, for financial assets and liabilities. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Assets and liabilities recorded at fair value in accordance with ASC 820 are classified based upon the level of judgment associated with the inputs used to measure their fair value. The hierarchical levels related to the subjectivity of the valuation inputs are defined by ASC 820 as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date.
- Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable, directly or indirectly through corroboration with observable market data at the measurement date.
- Level 3 inputs are unobservable inputs that reflect management's best estimate of the assumptions (including assumptions about risk) that market participants would use in pricing the asset or liability at the measurement date.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation methodologies used for Plan assets measured at fair value:

Mutual funds – Valued at the net asset value, based on quoted market prices in active markets, of shares held by the Plan at year-end.

Common collective trust – The Trust accounts for investment contracts in accordance with the accounting guidance for fully benefit-responsive investment contracts in employee benefit plans, which limits the circumstances in which the net assets of an investment company will be able to reflect the contract value of wrapper agreements and provides guidance with respect to the financial statement presentation and disclosure of fully benefit-responsive investment contracts at year-end. The fair value of wrap contracts is determined by the Trust based on the change in the present value of the contract's replacement cost. The average yield earned on the Trust for the years ended December 31, 2009 and 2008 was 2.93% and 3.80%, respectively.

Self-directed brokerage accounts – Valued at the quoted market prices in active markets of investments held in the accounts.

The following tables present the Plan's assets that are measured at fair value on a recurring basis at December 31, 2009 and 2008:

		Fair value measurements at reporting date using		
	December 31, 2009 carrying value	**Quoted prices in active markets for identical assets (Level 1)**	**Significant other observable inputs (Level 2)**	**Significant unobservable inputs (Level 3)**
Mutual funds	$ 91,425,434	91,425,434	—	—
Common collective trust	36,183,382	—	36,183,382	—
Self-directed brokerage accounts	962,577	962,577	—	—
Cash	28,096	28,096	—	—
Total	$ 128,599,489	92,416,107	36,183,382	—

(Continued)

	December 31, 2008 carrying value	Fair value measurements at reporting date using: Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Mutual funds	$ 75,189,753	75,189,753	—	—
Common collective trust	39,023,605	—	39,023,605	—
Self-directed brokerage accounts	638,335	638,335	—	—
Cash	227,556	227,556	—	—
Total	$ 115,079,249	76,055,644	39,023,605	—

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(4) Investments

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008 are as follows:

Investments > 5%	2009	2008
Neuberger and Berman Genesis Trust, 314,331 and 345,117 units, respectively	$ 12,337,479	10,729,704
American Funds Growth Fund of America, 421,562 and 460,843 units, respectively	11,521,298	9,438,072
Victory Diversified Stock Fund, 523,020 and 598,614 units, respectively	7,311,818	6,668,563
American Funds Europacific Growth Fund, 274,286 and 290,953 units, respectively	10,346,076	8,018,688
Pimco Total Return Fund, 695,559 and 625,341 units, respectively	7,512,039	6,340,961
INVESCO Stable Value Trust, 35,473,152 and 40,895,223 units, respectively, at Fair Value	36,183,382	39,023,605

(Continued)

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual funds – equity funds	$ 16,983,477	(32,507,756)
Common collective trust fund:		
Bond funds	—	(621,016)
Balanced funds	—	(5,578,777)
Equity funds	—	(2,859,007)
Total common trust fund	—	(9,058,800)
Common stock held in individually directed brokerage accounts	123,870	(28,182)
Net appreciation/(depreciation) in fair value of investments	$ 17,107,347	(41,594,738)

(5) Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

(6) Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 24, 2003, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. The Plan has been amended and restated as of January 28, 2009 for recent law changes; however, the Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(Continued)

(7) Information Certified by the Trustee

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the years then ended, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by Merrill Lynch Bank and Trust Co., FSB (Merrill Lynch), the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate:

		2009	2008
Participant-directed investments:			
Mutual funds	$	91,425,434	75,189,753
Self-directed brokerage accounts		962,577	638,335
Participant loans		4,194,023	4,156,682
Invesco Stable Value Trust, at contract value		35,473,152	40,895,224
Cash		28,096	227,556
	$	132,083,282	121,107,550
Investment income:			
Dividends and interest	$	3,092,025	3,266,054
Net appreciation (depreciation) in fair value of investments		17,107,347	(41,594,738)

In addition, all investment balances in note 4 and the supplemental schedule were provided and certified by the trustee. The adjustment from fair value to contract value for the fully benefit-responsive stable value fund was determined by management based upon audited information of the Invesco Stable Value Trust.

(Continued)

(8) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the financial statements	$ 132,083,282	121,037,345
Adjustment from contract value to fair value for fully benefit-responsive stable value fund	710,230	(1,871,619)
Net assets available for benefits per the Form 5500, at fair value	$ 132,793,512	119,165,726

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the net income (loss) per the Form 5500 for the years ended December 31, 2009 and 2008:

Change in net assets available for benefits per the financial statements	$ 11,045,937	(39,960,110)
Adjustment from contract value to fair value for fully benefit-responsive stable value fund	710,230	(1,871,619)
Reverse prior-year adjustment from contract value to fair value for fully benefit-responsive stable value fund	1,871,619	267,272
Transfer of assets to the Plan	—	(4,999,788)
Net income (loss) per the Form 5500	$ 13,627,786	(46,564,245)

SUPPLEMENTAL SCHEDULE OF SELECTED FINANCIAL DATA

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(k) PLAN AND TRUST

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Vanguard Total BD Mkt Index Fund	Mutual fund	**	$ 578,787
	Vanguard GM Total BD Mkt Index	Mutual fund	**	3,648,188
	Columbia Small Cap Index	Mutual fund	**	92,228
	Columbia Small Cap Index GM	Mutual fund	**	1,195,719
	Columbia Mid Cap Index Fund CL Z	Mutual fund	**	124,183
	Columbia Mid Cap Index CL Z GM	Mutual fund	**	834,139
	Allianz NFH SM Cap Val Inst	Mutual fund	**	83,953
	Allianz NFH SM Cap Val GM Inst	Mutual fund	**	1,125,450
	American Funds Europacific Growth Fund	Mutual fund	**	10,346,076
	American Europacific R4 GM	Mutual fund	**	689,059
	Vanguard Developed Mkts	Mutual fund	**	124,848
	Vanguard Developed Mkts GM	Mutual fund	**	1,018,722
	Eaton Vance Large Cap Value	Mutual fund	**	2,205,836
	Eaton Vance GM Large Cap Value	Mutual fund	**	2,200,826
	Thornburg International Value	Mutual fund	**	452,586
	Thornburg International VL GM	Mutual fund	**	689,843
	Vanguard 500 Index Fd – signal CL	Mutual fund	**	5,542,174
	Vanguard 500 Index Fd – signal GM	Mutual fund	**	2,200,263
	Pimco Total Return Fund	Mutual fund	**	7,512,039
	Pimco Total Return Fund GM	Mutual fund	**	3,677,651
	Blackrock Small Cap GR Inst	Mutual fund	**	525,276
	Blackrock Small Cap GR Inst GM	Mutual fund	**	1,206,521
	Neuberger & Berman Genesis Trust	Mutual fund	**	12,337,479
	American Beacon Lar Cap Val Fd	Mutual fund	**	1,807
	Victory Diversified Stock Fund—Class A	Mutual fund	**	7,311,818
	Perkins Mid-Cap Value Investor Shares	Mutual fund	**	4,453,439
	Perkins Mid Cap Val Inv Shares GM	Mutual fund	**	652,747
	American Century Vista	Mutual fund	**	6,210,053
	American Century Vista GM	Mutual fund	**	652,475
	American Funds Growth Fund of America	Mutual fund	**	11,521,298
	American Growth Fund FD of Amer-GM	Mutual fund	**	2,209,951
	INVESCO Stable Value Trust	Collective trust fund	**	36,183,382
	Various	Self-directed brokerage accounts	**	962,577
	Cash Fund	Cash	**	28,096
	Total investments at fair value			128,599,489
*	Various participants	Loans, maturing 2010 to 2019 at interest rates ranging from 4.25% to 10.25%	**	4,194,023
	Total investments			$ 132,793,512

* Permitted party-in-interest

** Cost information is not required for participant-directed investments and, therefore, is not included.

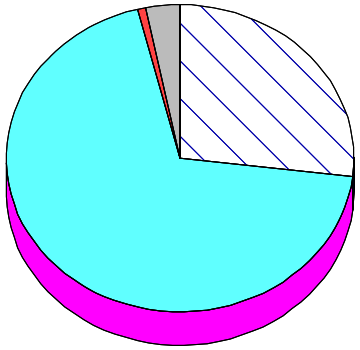
See accompanying notes to financial statements.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 26.94% COMMON / COLLECTIVE TRUSTS
- 0.73% OTHER ASSETS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.02% CASH
- 69.14% MUTUAL FUNDS
- 3.17% LOANS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE TRUST	34,044,489.3365	1.000	34,044,490.06	34,044,489.34	25.75%
INVESCO STABLE VALUE TRUST GM	1,572,851.7113	1.000	1,572,851.78	1,572,851.71	1.19%
TOTAL COMMON / COLLECTIVE TRUSTS			35,617,341.84	35,617,341.05	26.94%
MUTUAL FUNDS					
VANGUARD TOTAL BD MKT INDEX FD	55,921.4551	10.350	574,990.72	578,787.06	0.44%
VANGUARD GM TOTAL BD MKT INDEX	352,481.9716	10.350	3,594,120.07	3,648,188.41	2.76%
COLUMBIA SMALL CAP INDEX	6,630.3439	13.910	77,088.99	92,228.08	0.07%
COLUMBIA SMALL CAP INDEX GM	85,961.1155	13.910	951,173.21	1,195,719.12	0.90%
COLUMBIA MIDCAP INDEX FD CL Z	13,439.6741	9.240	105,552.57	124,182.59	0.09%
COLUMBIA MIDCAP INDEX CL Z GM	90,274.7880	9.240	631,240.18	834,139.04	0.63%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLIANZ NFJ SM-CAP VAL INSTI	3,463.4092	24.240	70,853.14	83,953.04	0.06%
ALLIANZ NFJ SM-CAP VAL GM INST	46,429.4677	24.240	924,268.17	1,125,450.30	0.85%
AMERICAN EUROPACIFIC GR R4	274,286.2101	37.720	10,840,373.75	10,346,075.84	7.82%
AMERICAN EUROPACIFIC R4-GM	18,267.7313	37.720	525,510.91	689,058.82	0.52%
VANGUARD DEVELOPED MKTS	13,100.5210	9.530	103,929.80	124,847.97	0.09%
VANGUARD DEVELOPED MKTS GM	106,896.3625	9.530	812,738.81	1,018,722.33	0.77%
EATON VANCE LARGE CAP VALUE	131,456.2633	16.780	1,898,503.90	2,205,836.10	1.67%
EATON VANCE GM LARGE CAP VALUE	131,157.6958	16.780	1,881,895.79	2,200,826.14	1.66%
THORNBURG INTERNATIONAL VALUE	17,867.5726	25.330	403,709.98	452,585.61	0.34%
THORNBURG INTERNATIONAL VL GM	27,234.2404	25.330	542,470.86	689,843.31	0.52%
VANGUARD 500 INDX FD SIGNAL CL	65,348.1220	84.810	4,511,611.54	5,542,174.23	4.19%
VANGUARD 500 INDX FD SIGNALGM	25,943.4336	84.810	1,788,153.67	2,200,262.60	1.66%
PIMCO TOTAL RETURN FUND	695,559.1883	10.800	7,131,613.14	7,512,039.23	5.68%
PIMCO TOTAL RETURN FD GM	340,523.2607	10.800	3,498,753.96	3,677,651.22	2.78%
BLACKROCK SML CP GR INST	26,923.4263	19.510	464,335.15	525,276.05	0.40%
BLACKROCK SML CP GR INST GM	61,841.1543	19.510	913,962.68	1,206,520.92	0.91%
NEUBERG & BERMN GENESIS TRUST	314,330.6810	39.250	12,873,425.06	12,337,479.23	9.33%
AMERICAN BEACON LAR CAP VAL FD	110.0374	16.420	1,768.14	1,806.81	0.00%
VICTORY DIVERSIFIED STOCK FD	523,019.8612	13.980	8,479,005.83	7,311,817.66	5.53%
PERKINS MID CAP VAL INV SHARES	224,921.1444	19.800	4,680,842.02	4,453,438.66	3.37%
PERKINS MID CAP VAL INV SHARES	32,967.0106	19.800	515,850.58	652,746.81	0.49%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

HAGEMEYER NORTH AMERICA
PROFIT SHARING & 401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN CENTURY VISTA	460,344.9212	13.490	5,138,477.21	6,210,052.99	4.70%
AMERICAN CENTRY VISTA GM	48,367.3312	13.490	544,903.00	652,475.30	0.49%
AMERICAN GRWTH FD OF AMERICA	421,562.3027	27.330	10,990,951.17	11,521,297.73	8.71%
AMERICAN GRWTH FD OF AMER-GM	80,861.7486	27.330	1,703,325.95	2,209,951.59	1.67%
TOTAL MUTUAL FUNDS			87,175,399.95	91,425,434.79	69.14%
OTHER ASSETS					
SELF-DIRECT ACCT	962,577.2200	1.000	962,577.22	962,577.22	0.73%
LOANS					
LOAN FUND	4,194,022.7800	1.000	4,194,022.78	4,194,022.78	3.17%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	600.0000	1.000	600.00	600.00	0.00%
INVESTMENT TOTAL			127,949,941.79	132,199,975.84	99.98%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			1,032.16	1,032.16	0.00%
CASH			26,464.01	26,464.01	0.02%
TOTAL ASSETS			127,977,437.96	132,227,472.01	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades