

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>11/30/2009</u> and ending <u>11/29/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>COMEX GROUP, INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan <u>11/30/1964</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COMEX GROUP, INC.</u> <u>5575 DTC PARKWAY, SUITE #100</u> <u>GREENWOOD VILLAGE, CO 80111</u>	2b Employer Identification Number (EIN) <u>51-0401657</u> 2c Sponsor's telephone number <u>303-371-5600</u> 2d Business code (see instructions) <u>339900</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2011</u>	<u>JULIE HUNT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2011</u>	<u>JOHN T. O'TOOLE</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COMEX GROUP, INC. 5575 DTC PARKWAY, SUITE #100 GREENWOOD VILLAGE, CO 80111	3b Administrator's EIN 51-0401657 3c Administrator's telephone number 303-371-5600
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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
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5 Total number of participants at the beginning of the plan year	5	2884
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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	1625
b Retired or separated participants receiving benefits.....	6b	321
c Other retired or separated participants entitled to future benefits.....	6c	844
d Subtotal. Add lines 6a , 6b , and 6c	6d	2790
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	43
f Total. Add lines 6d and 6e	6f	2833
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	239

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 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) ☒ Trust	(3) ☒ 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

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 11/30/2009 and ending 11/29/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>COMEX GROUP, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMEX GROUP, INC.</u>	D Employer Identification Number (EIN) <u>51-0401657</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>11</u> Day <u>30</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>45698384</u>
b	Actuarial value 2b <u>47767481</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>324</u> <u>16080040</u>
b	For terminated vested participants 3b <u>742</u> <u>13556489</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>3289540</u>
(2)	Vested benefits 3c(2) <u>26978340</u>
(3)	Total active 3c(3) <u>1818</u> <u>30267880</u>
d	Total 3d <u>2884</u> <u>59904409</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.75 %</u>
6	Target normal cost 6 <u>3693959</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/02/2011</u>
Signature of actuary	Date
<u>JIMMY MAK, ASA, EA, MAAA</u>	<u>11-05788</u>
Type or print name of actuary	Most recent enrollment number
<u>SIBSON CONSULTING</u>	<u>212-251-5000</u>
Firm name	Telephone number (including area code)
<u>333 W. 34TH STREET</u> <u>NEW YORK, NY 10001-2402</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	7846602	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	3854165	0
9 Amount remaining (Item 7 minus item 8).....	3992437	0
10 Interest on item 9 using prior year's actual return of <u>25.74</u> %	1027653	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		2616831
b Interest on (a) using prior year's effective rate of <u>8.03</u> %		210132
c Total available at beginning of current plan year to add to prefunding balance		2826963
d Portion of (c) to be added to prefunding balance.....		915587
12 Reduction in balances due to elections or deemed elections.....	3143484	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1876606	915587

Part III Funding percentages		
14 Funding target attainment percentage.....	14	75.07 %
15 Adjusted funding target attainment percentage.....	15	75.07 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.23 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/13/2010	964000	0			
08/12/2011	1654000	0			
Totals ►			18(b)	2618000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2381243
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	3693959
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11334856	1219657
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	4913616
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1876606	915587
36 Additional cash requirement (item 34 minus item 35).....	36	2121423
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2381243
38 Interest-adjusted excess contributions for current year (see instructions).....	38	259820
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 11/30/2009 and ending 11/29/2010	
A Name of plan COMEX GROUP, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COMEX GROUP, INC.	D Employer Identification Number (EIN) 51-0401657

Part I	Service Provider Information (see instructions)
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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	
RIDGEWORTH INVESTMENTS	3333 PIEDMONT ROAD ATLANTA, GA 30305

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
THE DREYFUS CORPORATION	200 PARK AVENUE NEW YORK, NY 10166

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FEDERATED INVESTMENT MANAGEMENT CO	FEDERATED INVESTORS TOWERS 1001 LIBERTY AVENUE PITTSBURGH, PA 15222-3779

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS ASSET MANAGEMENT, LP	200 WEST STREET NEW YORK, NY 10282

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

HARBOR CAPITAL ADVISORS, INC.

111 SOUTH WACKER DRIVE, 34TH FLOOR
CHICAGO, IL 60606

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

JANUS CAPITAL MANAGEMENT LLC

151 DETROIT STREET
DENVER, CO 80206-4805

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

JENSEN INVESTMENT MANAGEMENT, INC.

5300 MEADOWS ROAD, SUITE 250
LAKE OSWEGO, OR 97035-8234

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

LEGG MASON PARTNERS FD ADVISOR, LLC

620 EIGHTH AVENUE
NEW YORK, NY 10018

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

MASSACHUSETTS FINANCIAL SERVICES CO

500 BOYLSTON STREET
BOSTON, MA 02116-3741

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

PACIFIC INVESTMENT MGMT CO LLC

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

BLACKROCK FUND ADVISORS

400 HOWARD STREET
SAN FRANCISCO, CA 94105

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

SUNTRUST BANKS, INC. 303 PEACHTREE STREET
ATLANTA, GA 30308

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

BNY BROKERAGE INC. 1633 BROADWAY, 48TH FLOOR
NEW YORK, NY 10019

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

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(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)

SUNTRUST BANK

58-0466330

(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?
21 28 51 52	PLAN TRUSTEE	148964	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(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?
13	NONE	91489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIBSON CONSULTING

13-1835864

(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?
11	NONE	13750	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CAUSEY DEMGEN & MOORE

84-1158905

(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?
10	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(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?
11	NONE	7123	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:	AON CONSULTING	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	4100 E MISSISSIPPI AVENUE, STE 1600 DENVER, CO 80246	e Telephone:	303-639-4129

Explanation: THE TERMINATION OF THE ENROLLED ACTUARY WAS IN CONNECTION WITH A CHANGING OF ACTUARIAL FIRMS PROVIDING SERVICES TO THE PLAN.

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 11/30/2009 and ending 11/29/2010		
A Name of plan COMEX GROUP, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMEX GROUP, INC.		D Employer Identification Number (EIN) 51-0401657
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: SUNTRUST RETIREMENT RESERVE FUND		
b Name of sponsor of entity listed in (a): SUNTRUST BANKS, INC.		
c EIN-PN 58-1244691-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SUNTRUST RETIREMENT 500 INDEX FD		
b Name of sponsor of entity listed in (a): SUNTRUST BANKS, INC.		
c EIN-PN 59-3706441-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5592161
a Name of MTIA, CCT, PSA, or 103-12 IE: SUNTRUST RET HIGH GRADE INT BD FD		
b Name of sponsor of entity listed in (a): SUNTRUST BANKS, INC.		
c EIN-PN 30-0236010-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1481454
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

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 11/30/2009 and ending 11/29/2010		
A Name of plan COMEX GROUP, INC. PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 COMEX GROUP, INC.	D Employer Identification Number (EIN) 51-0401657	

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	73464	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2564000	2618000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24752	30944
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)	9472280	7073615
(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)	33699091	41725401
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	45833587	51447960

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	415219	488192
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	415219	488192

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45418368	50959768
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2618000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2618000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)	706794	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		706794

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6703363	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6971349	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-267986

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	14768	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14768
(6) Net investment gain (loss) from common/collective trusts	2b(6)		647541
(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)		3948471
c Other income.....	2c		54259
d Total income. Add all income amounts in column (b) and enter total.....	2d		7721847

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1805073	
(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)		1805073
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	53609	
(2) Contract administrator fees	2i(2)	91489	
(3) Investment advisory and management fees	2i(3)	128728	
(4) Other	2i(4)	4787	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		278613
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2083686

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5638161
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		96761

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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CAUSEY DEMGEN & MOORE INC.

(2) EIN: 84-1158905

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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 11/30/2009 and ending 11/29/2010

A Name of plan <u>COMEX GROUP, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMEX GROUP, INC.</u>	D Employer Identification Number (EIN) <u>51-0401657</u>

Part I	Distributions
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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	<u>0</u>
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): <u>58-0466330</u>		
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	<u>6</u>

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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: 73% Investment-Grade Debt: 25% High-Yield Debt: 2% Real Estate: 0% Other: 0%

- 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):

**Comex Group, Inc. Pension Plan
(formerly Professional Paint, Inc.
Pension Plan)**

**Financial Statements and Supplemental
Schedules to Accompany 2010 Form 5500
Annual Report of Employee Benefit Plan
Under ERISA of 1974
For the Years Ended November 29, 2010 and 2009**

Comex Group, Inc. Pension Plan
(formerly Professional Paint, Inc. Pension Plan)
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

CAUSEY DEMGEN & MOORE INC.

Certified Public Accountants and Consultants

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Denver, Colorado 80202-2681
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Facsimile: (303) 296-3731
www.cdmcpa.com

Report of Independent Accountants

To the Participants and Administrator of
Comex Group, Inc. Pension Plan

We were engaged to audit the financial statements and supplemental schedules of Comex Group, Inc. Pension Plan (formerly Professional Paint, Inc. Pension Plan) (the "Plan") as of November 29, 2010 and 2009 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedules 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 10, which was certified by SunTrust Bank Retirement Services, 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 and for the years ended November 29, 2010 and 2009, 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

Denver, Colorado
September 14, 2011

Causey Demgen + Moore Inc.

Comex Group, Inc. Pension Plan
(formerly Professional Paint, Inc. Pension Plan)
Statement of Net Assets Available for Benefits
November 29, 2010 and 2009

	2010	2009
Assets		
Cash equivalents	\$ --	\$ 73,464
Investments, at fair value (Notes 3, 7 and 10)		
Mutual funds – equities	21,061,436	12,857,092
Proprietary funds – equities	8,765,699	10,951,299
Proprietary funds – fixed income	11,405,606	9,890,700
Common funds – money market	--	74,889
Common funds – equities	5,592,161	7,534,993
Common funds – fixed income	1,481,454	1,862,398
Exchange traded funds	492,660	--
Total investments	<u>48,799,016</u>	<u>43,171,371</u>
Receivables		
Employer contributions	2,618,000	2,564,000
Interest and dividends	30,944	24,752
Total receivables	<u>2,648,944</u>	<u>2,588,752</u>
Total assets	<u>51,447,960</u>	<u>45,833,587</u>
Liabilities		
Accrued expenses	488,192	415,219
Total liabilities	<u>488,192</u>	<u>415,219</u>
Net assets available for benefits	<u>\$ 50,959,768</u>	<u>\$ 45,418,368</u>

The accompanying notes are an integral part of these financial statements.

Comex Group, Inc. Pension Plan
(formerly Professional Paint, Inc. Pension Plan)
Statement of Changes in Net Assets Available for Benefits
Years Ended November 29, 2010 and 2009

	2010	2009
Net appreciation in fair value of investments (Notes 7 and 10)	\$ 4,238,042	\$ 8,023,061
Interest and dividend income (Note 10)	<u>757,189</u>	<u>908,463</u>
Net investment income	4,995,231	8,931,524
Employer contributions	2,618,000	2,564,000
Other	<u>108,616</u>	<u>114,247</u>
Total additions	<u>7,721,847</u>	<u>11,609,771</u>
Benefits paid to participants and beneficiaries	1,805,073	1,634,219
Administrative expenses	278,613	347,901
PBGC fees	<u>96,761</u>	<u>147,450</u>
Total deductions	<u>2,180,447</u>	<u>2,129,570</u>
Net increase	5,541,400	9,480,201
Net assets available for benefits		
Beginning of year	<u>45,418,368</u>	<u>35,938,167</u>
End of year	<u>\$ 50,959,768</u>	<u>\$ 45,418,368</u>

The accompanying notes are an integral part of these financial statements.

Comex Group, Inc. Pension Plan
(formerly Professional Paint, Inc. Pension Plan)
Notes to Financial Statements
November 29, 2010 and 2009

1. Description of Plan

General

The following brief description of the Comex Group, Inc. Pension Plan (formerly Professional Paint, Inc. Pension Plan) ("Plan") is provided for general information purposes only. More complete information is provided within the Plan documents.

On September 30, 2004, the Plan's sponsor, Comex Group, Inc. (formerly known as Professional Paint, Inc.) (the "Company" and "Sponsor"), and its subsidiaries were acquired by Consorsio Comex S.A. de C.V., a Mexican corporation, which does not participate in this plan. On June 15, 2007, the Plan name was changed.

Effective July 29, 2000, the Company acquired Parker Paint Mfg. Co., Inc. ("Parker Paint"), Kwal-Howells, Inc. ("Kwal-Howells"), Frazee Industries, Inc. and Frazee Franchise Corp. (collectively "Frazee"), and General Paint Ltd. ("General Paint"), from affiliates of Williams PLC ("Williams Companies"). General Paint operates in Canada and is not included in the Plan.

The Plan is a non-contributory, defined benefit plan sponsored by Professional Paint, Inc., and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by the Employee Benefits Committee ("Committee" and "Plan Administrator") and is appointed by the Sponsor. The Committee has sole authority to control and manage the operation and administration of the Plan, subject to the terms and provisions of the Plan. The assets of the Trust are held by SunTrust Bank Retirement Services ("Trustee").

The Plan is a continuation of, comprehensive amendment to, and restatement of The Retirement Plan for Employees of Frazee Industries, Inc. ("Frazee Plan"). On November 30, 1989, the following pension plans were merged into the Frazee Plan (at which point the Frazee Plan was then renamed): Kwal-Howells, Inc. Pension Plan for Salaried employees; Kwal-Howells, Inc. Pension Plan for Non-Union Hourly Employees and the Parker Paint Manufacturing Co., Inc. Retirement Plan.

Effective September 1, 1997, former employees of Rens Paint of Salt Lake, Inc. and Rens Paint of Park City, Inc., who are employed by Kwal-Howells are eligible to participate in the Plan. By agreement, periods of employment prior to the acquisition date of these companies will be disregarded for purposes of eligibility, vesting and benefit accrual.

Effective September 1, 1997, eligible employees of the Hanley Paint division of Kwal-Howells, Inc. were participants in the Plan. By agreement, prior periods of employment will be included in the determination of vesting and eligibility service only.

Effective November 30, 2001, eligible employees of The Sophir Company ("Sophir") were participants in the Plan when they became employees of Kwal-Howells. By agreement, prior periods of employment will be included in the determination of eligibility service only.

Effective May 31, 2002, eligible employees of the Jones-Blair Company ("Jones-Blair") were participants in the Plan when they became employees of Stellar Acquisition Corp ("Stellar"). By agreement, prior periods of employment will be included in the determination of eligibility service only.

Effective September 16, 2003, eligible employees of Duckback Products, Inc. were participants in the Plan when they became employees of Duckback Acquisition Corp ("Duckback"). By agreement, prior periods of employment will be included in the determination of eligibility service only.

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Effective December 5, 2003, eligible employees of Classic Coatings Corp. ("Classic") were participants in the Plan when they became employees of Frazee. By agreement, prior periods of employment will be included in the determination of eligibility service only.

Effective June 1, 2006, eligible employees of Color Wheel Paint Mfg. Co., Inc. were participants in the Plan when they became employees of Color Wheel Paints & Coatings, Inc. (formerly known as Color Wheel Acquisition Corp.) ("Color Wheel").

Eligibility

The Plan covers all non-union employees of the following participating companies who have reached the age of 21 and have completed one year of eligible service and who reside in the U.S. and Puerto Rico: Frazee, Kwal-Howells, Parker Paint, Stellar, Duckback and Color Wheel. The Plan also covers certain former employees of these entities. Participants who were in the Frazee Plan on November 29, 1989 were automatically included in the Plan on November 30, 1989. Participants of plans that were merged into this Plan automatically become participants in the Plan on the merger date.

Retirement Benefits

The normal retirement benefit is based on a single life annuity, payable monthly for life, commencing on the normal retirement date (age 65) and ending upon the death of the participant. Other forms of payment (such as a joint and survivor annuity) are based upon the normal retirement benefit, actuarially reduced.

Normal annual retirement benefits for current and future retirees differ by company according to various factors including the effective date when a company's employees first became eligible for participation in the Plan and whether the company's employees were previously covered by an earlier plan.

Participants are eligible for early retirement at age 55 with 5 years of vesting service. Early retirement benefits are based upon the participant's normal retirement benefit, actuarially reduced depending upon years of credited service and actual commencement date of benefit payments.

The following is a summary of the current formulas for annual benefits:

Frazee Employees

The larger of: (1) 1.2% of final average annual earnings for each year of credited benefit service (maximum, 25 years); or (2) 1.5% of final annual average earnings for each year of credited benefit service prior to 2007 (maximum, 15 years) for employees as of November 30, 1989.

Parker Paint, Kwal-Howells, Sophir, Stellar, Duckback, Classic, and Color Wheel Salaried Employees

1.2% of final average annual earnings for each year of credited benefit service (maximum, 25 years).

Kwal Non-union Hourly Employees

The benefit earned under a prior plan for non-union hourly employees, plus \$180 for each year of benefit service from February 1, 1988 to November 29, 1989 in which 2,000 or more covered hours were completed, plus 1.2% of final average annual earnings for each year of credited benefit service after November 29, 1989 (maximum, 25 years).

The foregoing participants, Frazee, Parker and Kwal salaried, and Kwal non-union hourly described above would be entitled to the benefits as calculated under their former plans' formulas as of December 31, 1990, if such benefits were greater.

Comex Group, Inc. Pension Plan
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Credited Benefit Service

Credited benefit service commences as follows:

Frazee Employees – date of hire.

Parker Employees – the later of (1) date of hire; (2) date of participation in Parker's prior pension plan; (3) January 1, 1983.

Kwal Salaried Employees – the later of (1) date of hire; (2) the date the respective company was acquired by Standard Brands Paint Company (Kwal – April 1, 1982; Howells – May 15, 1985).

Kwal Non-union Hourly Employees – the later of (1) date of hire; (2) November 30, 1989.

Former Williams Employees – the later of (1) date of hire; (2) November 30, 1989.

Kwal Hanley Paint Division Employees – September 1, 1997.

Former Rens Paint Employees who are Employed by Kwal – September 1, 1997.

Former Sophir Employees – the later of (1) date of hire; (2) November 30, 2001.

Former Jones-Blair Employees – the later of (1) date of hire; (2) May 31, 2002.

Former Duckback Employees – the later of (1) date of hire; (2) September 16, 2003.

Former Classic Employees – the later of (1) date of hire; (2) December 5, 2003.

Former Color Wheel Employees – the later of (1) date of hire; (2) June 1, 2006.

Death Benefits

The Plan provides benefits for participants (both current and former employees) who die prior to the commencement of retirement benefit payments, if the participant has met certain requirements. If a participant dies after commencement of retirement benefit payments, benefits are paid in accordance with the participant's election.

Vesting

Participants become fully vested at the earlier of (1) age 65; or (2) five years of vesting service provided that the participant was employed on or after the following applicable dates and had at least one hour of service after such applicable date – (i) November 20, 1989 or (ii) January 1, 1989 for Kwal-Howells and Parker Paint employees; (iii) April 1, 1989 for Frazee employees; (iv) September 1, 1997 for employees of Hanley Paint division of Kwal-Howells and former employees of Rens Paint who are employed by Kwal-Howells; (v) November 30, 2001 for former Sophir employees; (vi) May 31, 2002 for Stellar employees; (vii) September 16, 2003 for Duckback employees; (viii) December 5, 2003 for former Classic employees; or (ix) June 1, 2006 for former Color Wheel employees. There is no partial vesting except for employees of Frazee Industries, Inc. who terminated prior to April 1, 1989.

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2. Summary of Significant Accounting Policies

Method of Accounting

The Plan maintains its accounting records and prepares its financial statements and supplemental schedules on the accrual basis.

Investment Valuation and Income Recognition

All Plan assets are held by the Trustee. The Trust investments in various proprietary, equity and fixed income funds, are traded on national securities exchanges and valued by the Trustee at the last reported sales price on the last business day of the Plan year.

The net investment income from the Master Trust represents the Plan's proportionate share of the total earnings from investments including interest, dividends, unrealized gain (loss), and realized gain (loss), which are netted with investment advisory fees. 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.

Payments of Benefits

Benefit payments to participants or beneficiaries are recorded upon distribution. A participant's vested account balance between \$1,000 and \$5,000 will be paid in a lump sum only upon the written consent of the participant.

Expenses of the Plan

Trustee, actuarial, audit, legal and direct administrative service expenses incurred in the administration of the Plan are charged to and paid by the Plan.

Accumulated Plan Benefits

Accumulated Plan benefits information is presented as of the beginning of the Plan year.

Use of Estimates

The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Reclassifications

Certain reclassifications have been made to the 2009 Statement of Changes in Net Assets Available for Benefits to be consistent with the 2010 presentation.

3. Fair Value Measurements:

Financial Accounting Standards Board Accounting Standards Codification Topic 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1

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measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 29, 2010 and 2009.

Investments in registered investment companies (mutual funds and proprietary funds): Valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year end.

Investments in common collective trusts (common funds): Valued at quoted market prices of the underlying investments held by the Plan at year end.

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.

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The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 29, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Money market	\$ 447,163	\$ --	\$ --	\$ 447,163
Small Cap	2,428,764	--	--	2,428,764
Mid Cap	7,782,550	--	--	7,782,550
Large Cap	4,364,697	--	--	4,364,697
Foreign	4,315,496	--	--	4,315,496
Real Estate	489,430	--	--	489,430
Commodities	1,233,336	--	--	1,233,336
Exchanged traded funds: Bonds	492,660	--	--	492,660
Proprietary funds:				
Mid Cap	2,918,553	--	--	2,918,553
Large Cap	5,847,146	--	--	5,847,146
Bonds	11,405,606	--	--	11,405,606
Common funds:				
Equities	--	5,592,161	--	5,592,161
Bonds	--	1,481,454	--	1,481,454
	<u>\$ 41,725,401</u>	<u>\$ 7,073,615</u>	<u>\$ --</u>	<u>\$ 48,799,016</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 29, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Small Cap	\$ 2,115,583	\$ --	\$ --	\$ 2,115,583
Mid Cap	2,552,540	--	--	2,552,540
Large Cap	5,762,771	--	--	5,762,771
Foreign	872,211	--	--	872,211
Real Estate	440,215	--	--	440,215
Commodities	1,113,772	--	--	1,113,772
Proprietary funds:				
Mid Cap	2,174,162	--	--	2,174,162
Large Cap	5,765,076	--	--	5,765,076
Foreign	3,012,061	--	--	3,012,061
Bonds	9,890,700	--	--	9,890,700
Common funds:				
Money Market	--	74,889	--	74,889
Equities	--	7,534,993	--	7,534,993
Bonds	--	1,862,398	--	1,862,398
	<u>\$ 33,699,091</u>	<u>\$ 9,472,280</u>	<u>\$ --</u>	<u>\$ 43,171,371</u>

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4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died; and (iii) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The fiscal year 2009 and 2008 actuarial present value of accumulated plan benefits were determined by Sibson Consulting and JP Morgan Compensation and Benefits Strategies, respectively, using the projected unit credit cost method, and it is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits is as follows as of the beginning of the Plan year (in thousands):

	November 30,	
	2009	2008
Vested benefits		
Active participants	\$ 20,051	\$ 17,234
Retired participants and beneficiaries	13,669	12,056
Terminated participants	9,793	9,128
	<u>43,513</u>	<u>38,418</u>
Non-vested benefits	<u>2,275</u>	<u>2,978</u>
Total actuarial present value of accumulated benefits	<u>\$ 45,788</u>	<u>\$ 41,396</u>
Net increase	<u>\$ 4,392</u>	<u>\$ 4,544</u>
The net increase is a result of the following changes:		
Benefits accumulated and actuarial experience	\$ 2,457	\$ 2,855
Changes in assumptions	-	-
Benefits paid	(1,584)	(1,386)
Interest	3,519	3,075
Total	<u>\$ 4,392</u>	<u>\$ 4,544</u>

The significant actuarial assumptions used in the valuations for both years were: retirement age (distributed by attained age assumed to be from 60 to 65); life expectancy (RP-2000 Combined Mortality Table for 2009 and 2008); and investment return of 8.75% for 2009 and 2008 compounded annually, net of investment expenses. These assumptions are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable.

Comex Group, Inc. Pension Plan
(formerly Professional Paint, Inc. Pension Plan)
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5. Funding Policy

All contributions made to the Plan are made by the Plan's Sponsor and are based upon the amount required to be funded under ERISA. The annual contribution is calculated using the projected unit credit cost method. The Sponsor met the funding requirements, as calculated by their consulting actuaries, for the years ended November 29, 2010 and 2009. Contributions receivable at year-end represent the balance due for the plan year. The Company has a consistent policy and practice of making all required contributions by the minimum funding deadline, including extension, of the Plan's Form 5500.

6. Plan Termination

Although it has not expressed an intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA.

If the Plan were terminated, the net assets of the Plan would be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) Benefits attributable to employee contributions, taking into account those paid out before termination.
- 2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would have been payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- 4) All other vested benefits (that is, vested benefits not insured by the PBGC).
- 5) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of the individual's monthly benefit that the PBGC guarantees.

Whether all participants would receive their benefits should the Plan terminate at some future time would depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligation and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

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7. Assets Held for Investment Purposes

The plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

The net appreciation in fair value of investments for plan year ended November 29, 2010 and 2009 are comprised of the following:

	November 29,	
	2010	2009
Investments at Fair Value as Determined by		
Quoted Market Price:		
Proprietary funds	\$ 743,732	\$ 3,363,106
Common funds	379,195	1,732,413
Mutual funds	3,115,115	2,927,542
	<u>\$ 4,238,042</u>	<u>\$ 8,023,061</u>

The following individual investments exceeded 5% of net assets available for benefits as of November 29, 2010 and 2009:

	November 29,	
	2010	2009
Goldman Sachs Growth Opportunities Class I	\$ 3,402,492	\$ 2,552,540
Harbor Capital Appreciation Institutional	4,364,697	*
Jensen Portfolio Class I	4,380,058	*
MFS Research International Fund Class I	2,864,291	*
MFS Services Core Growth I	*	5,762,771
Ridgeworth Mid Cap Value Equity Class I	2,918,553	*
Ridgeworth Large Cap Value Equity I	5,847,146	5,765,076
Ridgeworth Fund – International Equity Fund	*	3,012,061
Ridgeworth Total Return Bond Class I	10,424,491	9,013,710
SunTrust Retirement 500 Index Fund	5,592,161	7,534,993

* The fair value of investments did not exceed 5% of the Plan's net assets available for benefits.

8. Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated August 20, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plan administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2007.

**Comex Group, Inc. Pension Plan
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9. Parties in Interest

For the Plan year ended November 29, 2010 and 2009, \$148,964 and \$139,126, respectively, was charged by the Trustee for direct administrative services provided to the Plan. Services provided include recordkeeping, investment consulting and preparation of monthly and annual summaries of investments held and investment transactions. There were no charges to the Plan by the Sponsor for direct administrative services provided to the Plan.

10. Information Certified by the Trustee

The Plan administrator has elected the method of compliance permitted under 29 CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. Information certified by the Trustee as complete and accurate includes cash equivalents and fair value of investments as of November 29, 2010 and 2009 and net investment income for the years ended November 29, 2010 and 2009. In addition, the supplemental schedules (Schedule I and Schedule II) have been certified as complete and accurate by the Trustee.

11. Subsequent event

The Company has evaluated events subsequent to November 29, 2010 through September 14, 2011, which is the date the financial statements were available to be issued. There has been no material events noted in this period which would impact the results reflected in this report, the Plan's results going forward or require additional disclosure.

COMEX GROUP, INC. (PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

NOVEMBER 29, 2010

PENSION PLAN (Plan Number 003)

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE I

IDENTITY OF ISSUER	SHARES	COST	FAIR VALUE
Mutual Funds - Equities			
Federated Prime Obligation	447,163	\$ 447,163	\$ 447,163
Dreyfus Bostn Co Small Cap Growth Fund I	28,427	982,492	1,454,906
Goldman Sachs Growth Opportunities Class I	145,967	2,881,215	3,402,492
Harbor Capital Appreciation Institutional	123,192	3,766,431	4,364,697
Janus Perkins Small Co Value Class I	41,653	813,146	973,858
Jensen Portfolio Class I	170,696	3,952,283	4,380,058
Legg Mason Emerging Markets Institutional Class	62,606	925,451	1,451,205
MFS Research International Fund Class I	193,403	2,367,247	2,864,291
PIMCO Commodity Real Return Institutional	142,582	1,007,135	1,233,336
T Rowe Price Real Estate Fund	28,875	289,070	489,430
TOTAL MUTUAL FUNDS - EQUITIES		\$ 17,431,633	\$ 21,061,436
Proprietary Funds - SunTrust Equity			
Ridgeworth Mid Cap Value Equity Class I	256,238	\$ 2,565,204	\$ 2,918,553 *
Ridgeworth Large Cap Value Equity I	491,770	6,388,592	5,847,146 *
TOTAL PROPRIETARY FUNDS - SUNTRUST EQUITY		\$ 8,953,796	\$ 8,765,699
Proprietary Funds - SunTrust Fixed Income			
Ridgeworth High Income Fund Class I	141,371	\$ 903,672	\$ 981,115 *
Ridgeworth Total Return Bond Fund Class I	945,961	9,740,906	10,424,491 *
TOTAL PROPRIETARY FUNDS - SUNTRUST FIXED INCOME		\$ 10,644,578	\$ 11,405,606
Common Funds - Equities			
SunTrust Retirement 500 Index Fund	547,296	5,700,462	5,592,161 *
TOTAL COMMON FUNDS - EQUITIES		\$ 5,700,462	\$ 5,592,161
Common Funds - Fixed Income			
SunTrust Retirement High Grade Intermediate Bond Fund	101,177	\$ 1,098,882	\$ 1,481,454 *
TOTAL COMMON FUNDS - FIXED INCOME		\$ 1,098,882	\$ 1,481,454
Exchange Traded Funds			
iShares Barclays Treasury Inflation Protected Securities Bond Fund	4,500	\$ 477,893	\$ 492,660
Total investments		\$ 44,307,244	\$ 48,799,016

* Suntrust and Ridgeworth (related to SunTrust) are considered party-in-interest because SunTrust is a service provider of the Plan.

The information in this schedule has been certified as to its completeness and accuracy by the trustee.

COMEX GROUP, INC. (PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

PENSION PLAN (Plan Number 003)

NOVEMBER 29, 2010

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE II

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of asset	Current value on Transaction Date	Net Gain (Loss)
<u>Single Transaction Exceeds 5% of Value:</u>							
Harbor Capital Appreciation Institutional	bought 124,609 shares	3,805,572	\$ -	\$ -	\$ 3,805,572	\$ 3,805,572	\$ -
iShares Barclays Treasury Russell 1000 Growth Index	bought 117,205 shares	5,779,953	-	3,516	5,779,953	5,779,953	-
iShares Barclays Treasury Russell 1000 Growth Index	sold 139,401 shares	-	6,631,542	7,082	6,901,836	6,631,542	(270,294)
Jensen Portfolio Class I	bought 164,662 shares	3,805,344	-	-	3,805,344	3,805,344	-
MFS Research International Fund Class I	bought 241,835 shares	2,960,058	-	-	2,960,058	2,960,058	-
MFS Core Growth I	sold 365,195 shares	-	5,799,291	-	5,762,771	5,799,291	36,519
Ridgeworth International Equity Index I	sold 234,109 shares	-	2,441,753	-	3,078,117	2,441,753	(636,364)
SunTrust Retirement Reserve Fund	bought 5,799,291 shares	5,799,291	-	-	5,799,291	5,799,291	-
SunTrust Retirement Reserve Fund	sold 5,779,953 shares	-	5,779,953	-	5,779,953	5,779,953	-
SunTrust Retirement Reserve Fund	bought 2,564,000 shares	2,564,000	-	-	2,564,000	2,564,000	-
<u>Series of Transactions with the Same Broker Exceeds 5% of Value:</u>							
BNY Brokerage Inc. (ESI)	Sold 139,401 shares	-	6,631,542	7,082	6,901,836	6,631,542	(270,294)
BNY Brokerage Inc. (ESI)	Bought 4,000 shares	423,520	-	200	423,520	423,520	-
Jones Trading Institutional Services	Bought 141,305 shares	7,025,722	-	3,998	7,025,722	7,025,722	-
Jones Trading Institutional Services	Sold 1,404 shares	-	71,821	29	69,512	72,821	2,309
<u>Series of Transactions in Same Security Exceeds 5% of Value:</u>							
Harbor Capital Appreciation Institutional	bought 133,793 shares and sold 10,600 shares	4,090,524	379,884	-	4,414,618	4,470,408	55,790

(Continued on next page)

COMEX GROUP, INC. (PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

PENSION PLAN (Plan Number 003)

NOVEMBER 29, 2010

SCHEDULE H, LINE 4f, SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE II

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses incurred with Transaction	Cost of asset	Current value on Transaction Date	Net Gain (Loss)
	(Continued from previous page)						
iShares Barclays Russell 1000 Growth Index	bought 140,805 shares and sold 140,805 shares	6,971,349	6,703,363	11,099	13,942,697	13,674,712	(267,985)
Jensen Portfolio Class I	bought 172,559 shares and sold 1,863 shares	3,995,424	48,500	-	4,038,565	4,043,924	5,359
MFS Research International Fund Class I	bought 241,835 shares and sold 48,432 shares	2,960,058	678,762	-	3,552,870	3,638,820	85,950
MFS Core Growth I	bought 365,195 shares and sold 7,180 shares	-	5,799,291	-	5,762,771	5,799,291	36,519
Ridgeworth International Equity Index I	bought 398 shares and sold 236,459 shares	96,953	2,469,766	-	3,205,968	2,566,719	(639,249)
Ridgeworth Total Return Bond Fund Class I	reinvested 34,983 shares, bought 177,036 shares and sold 102,209 shares	2,316,804	1,114,393	-	3,417,703	3,431,197	13,494
SunTrust Retirement Reserve Fund	bought 11,009,803 shares and sold 11,084,692 shares	11,009,802	11,084,691	-	22,094,493	22,094,493	-
SunTrust 500 Index Retirement Class A Fund	bought 32,593 shares and sold 295,921 shares	306,410	2,800,653	-	3,057,188	3,107,063	49,876
Single Transaction with One Broker Exceeds 5% of Value:							
BNY Brokerage Inc. (ESI)	bought 4,000 shares	423,520	-	200	423,520	423,520	-
BNY Brokerage Inc. (ESI)	Sold 139,401 shares	-	6,631,542	7,082	6,901,836	6,631,542	(270,294)
Jones Trading Institutional Services	Bought 141,305 shares	7,025,722	-	3,998	7,025,722	7,025,722	-
Jones Trading Institutional Services	Sold 1,404 shares	-	71,821	29	69,512	72,821	2,309

The information in this schedule has been certified as to its completeness and accuracy by the trustee.

**Schedule SB, Line 11a - Explanation of Discrepancy in Prior Year excess Contributions
to be added to prefunding balance**

**Comex Group, Inc. Pension Plan
EIN 51-0401657 PN 003**

Line 11a of the 2009 Schedule SB does not match Line 38 of the 2008 Schedule SB due to the fact that the 15-year amortization funding relief option was elected towards the 2008 Plan Year at a later date under The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act in 2010.

The following is the illustration of redetermination 2008 SB line 38

Line 31	2,737,421
Line 32a	1,116,744
Line 34	3,854,165
Line 35	3,854,165
Line 36	-
Line 37	2,248,260
Line 38	2,616,831

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Comex Group, Inc. Pension Plan
EIN 51-0401657 PN 003

Age	Retirement Rates	Assumed number retiring	Age times number retiring
60	5.00%	5	300
61	5.00%	5	305
62	25.00%	23	1,426
63	15.00%	10	630
64	15.00%	9	576
65	100.00%	48	3,120
			6,357
Weighted Average Retirement Age:			63.57

Schedule SB, Line 25 - Change in Method

Comex Group, Inc. Pension Plan
EIN 51-0401657 PN 003

The interest rate assumption was changed from the spot yield curve in 2008 with an October look-back to segmented rates in 2009 with a July look-back.

This change was allowed under Automatic IRS approval for plan years beginning in 2008 and 2009.

Schedule SB, Line 26 – Schedule of Active Participant Data

Comex Group, Inc. Pension Plan EIN: 51-0401657 / PN: 003

Participants in Active Service by Age, Years of Service and Average Salary

Years of Service											
Age	Less than 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	--	142	8	--	--	--	--	--	--	--	
25-29	--	\$26,399	--	--	--	--	--	--	--	--	
	--	159	52	5	--	--	--	--	--	--	
30-34	--	\$31,554	\$41,836	--	--	--	--	--	--	--	
	--	136	67	15	--	--	--	--	--	--	
35-39	--	\$38,053	\$45,829	--	--	--	--	--	--	--	
	--	121	51	30	2	1	--	--	--	--	
40-44	--	\$43,832	\$51,601	\$55,290	--	--	--	--	--	--	
	--	119	54	31	10	7	1	--	--	--	
45-49	--	\$48,734	\$59,456	\$51,831	--	--	--	--	--	--	
	--	122	49	30	11	18	9	4	--	--	
50-54	--	\$50,187	\$50,475	\$49,932	--	--	--	--	--	--	
	--	92	57	29	12	22	13	2	--	--	
55-59	--	\$47,115	\$54,805	\$73,918	--	\$57,770	--	--	--	--	
	--	72	45	25	9	23	10	5	2	--	
60-64	--	\$44,767	\$60,595	\$51,786	--	\$65,602	--	--	--	--	
	--	34	22	17	8	14	12	1	2	--	
65-69	--	\$54,674	\$50,691	--	--	--	--	--	--	--	
	--	12	7	3	4	--	--	3	--	--	
70 & Over	--	--	--	--	--	--	--	--	--	--	
	--	3	2	1	1	--	--	--	--	--	
Total	--	--	--	--	--	--	--	--	--	--	
	--	1,012	414	186	57	85	45	15	4	--	
	--	\$40,813	\$51,155	\$56,621	\$56,344	\$60,188	\$72,374	--	--	--	

Attachment to 2009 Schedule SB, Line 32 – Schedule of Amortization Bases

Comex Group, Inc. Pension Plan EIN: 51-0401657 / PN: 003

Schedule of Shortfall Amortization Bases as of November 30, 2009

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Charge
2009	\$609,922	\$609,922	7	\$102,913
2008	10,017,351	10,724,934	14	1,116,744
Total		\$11,334,856		\$1,219,657

Under The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, the Plan elected the 15-year amortization funding relief for the 2008 Plan Year.

Part V – Statement of Actuarial Assumptions/Methods

Comex Group, Inc. Pension Plan

EIN: 51-0401657 / PN: 003

Actuarial Assumptions and Methodologies (Funding)

Interest:	The interest rates used for the 2009 plan year are the 24-month average corporate bond yields ending in June without a phase-in from the current liability rate. These discount rates are 5.21% for payments in the first 5 years, 6.74% for payments in years 6 – 20, and 6.84% for payments thereafter, which translates to an effective interest rate of 6.75%. This market-based assumption is mandated by law. (Prior year spot curve with a look-back to October 24 had an effective interest rate of 8.03%.)																																				
Mortality rates:	The yield curve used to determine the PBGC variable rate premium is the same as funding. RP2000 separate annuitant and non-annuitant tables with static projection to 2016 and 2024, respectively. This assumption is one of the choices allowed by the regulations. (Prior year mortality table assumption was similar to this year, except with one less year of projection.)																																				
Salary Increases:	4.00%. (Only applies to the current year.)																																				
Form of payment:	It is assumed that 100% of females and 50% of males elect a life annuity and the remaining 50% of males elect a 100% joint and survivor annuity.																																				
Sample termination rates:	7-5 less GA 1951 Mortality <table><thead><tr><th>Age</th><th>Rate</th><th>Age</th><th>Rate</th></tr></thead><tbody><tr><td>20</td><td>18.00%</td><td>45</td><td>4.00</td></tr><tr><td>25</td><td>15.00</td><td>50</td><td>2.50</td></tr><tr><td>30</td><td>10.00</td><td>55</td><td>1.50</td></tr><tr><td>35</td><td>7.75</td><td>56+</td><td>0.00</td></tr><tr><td>40</td><td>5.50</td><td></td><td></td></tr></tbody></table> The above rates are multiplied by the following amounts based on years of service: <table><thead><tr><th>Years of Service</th><th>Rate</th></tr></thead><tbody><tr><td>Less than 1</td><td>3.00</td></tr><tr><td>1 to 2</td><td>2.50</td></tr><tr><td>2 to 3</td><td>2.00</td></tr><tr><td>3 to 4</td><td>1.50</td></tr><tr><td>Over 4</td><td>1.00</td></tr></tbody></table>	Age	Rate	Age	Rate	20	18.00%	45	4.00	25	15.00	50	2.50	30	10.00	55	1.50	35	7.75	56+	0.00	40	5.50			Years of Service	Rate	Less than 1	3.00	1 to 2	2.50	2 to 3	2.00	3 to 4	1.50	Over 4	1.00
Age	Rate	Age	Rate																																		
20	18.00%	45	4.00																																		
25	15.00	50	2.50																																		
30	10.00	55	1.50																																		
35	7.75	56+	0.00																																		
40	5.50																																				
Years of Service	Rate																																				
Less than 1	3.00																																				
1 to 2	2.50																																				
2 to 3	2.00																																				
3 to 4	1.50																																				
Over 4	1.00																																				

Part V – Statement of Actuarial Assumptions/Methods

Comex Group, Inc. Pension Plan

EIN: 51-0401657 / PN: 003

Actuarial Assumptions and Methodologies (Funding) *continued*

Disability rates:	None																	
Retirement (from active status) rates:	<table><tr><th>Age</th><th>Rates</th></tr><tr><td>60</td><td>5.00%</td></tr><tr><td>61</td><td>5.00</td></tr><tr><td>62</td><td>25.00</td></tr><tr><td>63</td><td>15.00</td></tr><tr><td>64</td><td>15.00</td></tr><tr><td>65</td><td>100.00</td></tr></table>				Age	Rates	60	5.00%	61	5.00	62	25.00	63	15.00	64	15.00	65	100.00
Age	Rates																	
60	5.00%																	
61	5.00																	
62	25.00																	
63	15.00																	
64	15.00																	
65	100.00																	
Retirement from inactive status:	Age 65																	
Percent married:	85%																	
Age difference:	Husbands are three years older than their wives.																	
Administrative expenses:	An expense assumption is required starting in 2009. Plan-related expenses of \$300,000 expected to be paid by the plan during the year were assumed in 2009.																	
Asset method:	Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. WRERA provides that the averaging method is to be adjusted for expected earnings. The expected earnings are based on an assumed rate of return of 8.75%, not to exceed the applicable PPA third segment rate of 6.40% in 2007 and 6.62% in 2008. Note that automatic IRS approval for a change in asset valuation method applies for plan years beginning in 2008 and 2009.																	
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.																	
Assumption changes since prior valuation:	Assumption Type Funding Interest Rates	Current Assumption Segment rates with a 4 month look-back	Prior Assumption Spot rates as of October 2008	Reason for Change Reduce volatility of future results														

Part V – Summary of Plan Provisions

Comex Group, Inc. Pension Plan EIN: 51-0401657 / PN: 003

Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: ONGOING	
Participation:	
Age requirement:	21 years
Service requirement:	1 year of service. Participation occurs on the plan anniversary following satisfaction of eligibility requirements.
Groups covered:	Any employee of Comex who is not a member of a collective bargaining unit covered under a collective bargaining agreement with the Company
Service:	
Eligibility:	A 12 consecutive month period in which an Employee completes 1,000 Hours of Service.
Credited:	An Employee's years and months of service with the company from the later of date of hire or date company became a participating company of this Plan. The effective date of Credited Service used to determine the amount of benefit under this Plan is as follows: • Color Wheel: the later of the employee's date of hire and June 1, 2006. • Duckback: the later of the employee's date of hire and September 16, 2003. • Frazee: date of employment or date of hire. • Kwal-Howells: – Non-union hourly employees: later of the employee's date of hire and November 30, 1989. – Salaried employees: later of the employee's date of hire and the date the employee's employer (April 1, 1982 for Kwal and May 15, 1985 for Howells) – Former Saphir Morris Employees: later of the employee's date of hire and November 30, 2001 • Parker Paint: later of the employee's date of hire, employee's date of participation in the Parker Paint Manufacturing Co., Inc. Retirement Plan, and January 1, 1983. • Stellar: later of the employee's date of hire and May 31, 2002. • Classic: later of the employee's date of hire and December 5, 2003.

Part V – Summary of Plan Provisions

Comex Group, Inc. Pension Plan EIN: 51-0401657 / PN: 003

Summary of Plan Provisions *continued*

Normal retirement:	
Age requirement:	65
Service requirement:	None
Final average earnings	The average of the highest 60 consecutive months of Compensation out of the 120 months prior to retirement, termination or death.
Comex Group, Inc. and other Employers:	Annual retirement benefit payable for life shall be equal to 1.2% of Final Average Earnings times years of Projected Credited Service (maximum 25 years). This amount is multiplied by a fraction, not to exceed 1.0, the numerator of which is Credited Service, and the denominator of which is Projected Credited Service.
Frazee Employees:	Annual retirement benefit payable for life shall be the larger of (a) or (b), as applicable, but not less than (c): (a) 1.2% of Final Average Earnings times years of Projected Credited Service (maximum 25 years). This amount is multiplied by a fraction, not to exceed 1.0, the numerator of which is Credited Service, and the denominator of which is Projected Credited Service. (b) If the Participant was an Employee as of November 30, 1989: 1.5% of Final Average Earnings times years of Projected Credited Service prior to January 1, 2006 (maximum 15 years). This amount is multiplied by a fraction, not to exceed 1.0, the numerator of which is Credited Service prior to January 1, 2006, and the denominator of which is Projected Credited Service prior to January 1, 2006. (c) Annual benefit under the prior Frazee Plan as of December 31, 1990. In some cases, this benefit for certain highly compensated employees may be determined as of November 29, 1989.

Part V – Summary of Plan Provisions

Comex Group, Inc. Pension Plan EIN: 51-0401657 / PN: 003

Summary of Plan Provisions *continued*

Normal retirement (continued):	Kwal-Howells Non-Union Hourly Employees: Annual retirement benefit payable for life shall be the sum of (a) plus (b), but not less than (c): (a) 1.2% of Final Average Earnings times years of Projected Credited Service (maximum 25 years). This amount is multiplied by a fraction, not to exceed 1.0, the numerator of which is Credited Service, and the denominator of which is Projected Credited Service. (b) The sum of (i) and (ii) where: (i) \$180.00 for the period February 1, 1988 through December 31, 1988, provided that the participant had at least 500 hours of service, but prorated if the participant had less than 2,000 hours of service during the period. \$180.00 for the period January 1, 1989 through November 29, 1989, provided that the participant had at least 500 hours of service, but prorated if the participant had less than 2,000 hours of service during the period. (ii) Benefit earned under the Retirement Plan for Hourly Non-Bargaining Unit Employees of Standard Brands Paint Company as of January 31, 1988. (c) Annual benefit under the prior Kwal-Howells Hourly Plan as of December 31, 1990.
Kwal-Howells Salaried Employees:	Annual retirement benefit payable for life shall be the larger of (a) or (b): (a) 1.2% of Final Average Earnings times years of Projected Credited Service (maximum 25 years). This amount is multiplied by a fraction, not to exceed 1.0, the numerator of which is Credited Service, and the denominator of which is Projected Credited Service. (b) Annual benefit under the prior Kwal-Howells Salaried Plan as of December 31, 1990. In some cases, this benefit for certain highly compensated employees may be determined as of December 31, 1988
Parker Paint Employees:	Annual retirement benefit payable for life shall be the larger of (a) or (b): (a) 1.2% of Final Average Earnings times years of Projected Credited Service (maximum 25 years). This amount is multiplied by a fraction, not to exceed 1.0, the numerator of which is Credited Service, and the denominator of which is Projected Credited Service. (b) Annual benefit under the prior Parker Paint Plan as of December 31, 1990. In some cases, this benefit for certain highly compensated employees may be determined as of December 31, 1988

Part V – Summary of Plan Provisions

Comex Group, Inc. Pension Plan

EIN: 51-0401657 / PN: 003

Summary of Plan Provisions *continued*

Early retirement:	
Age requirement:	55
Service requirement:	5 years of vesting service
Amount:	The Accrued Normal Benefit at Normal Retirement Date reduced for immediate commencement by 4% for each of the first 5 years prior to Normal Retirement date and 6% for each of the next 5 years, payable as a monthly life annuity.
Late retirement:	
Amount:	The Accrued Benefit calculated at the Late Retirement Date.
Disability:	
Age requirement:	None
Service requirement:	None
Amount:	The Normal Retirement Benefit calculated by continuing annuity accruals while the participant is disabled at the same rate that was earned immediately preceding disablement, with income deferred until Normal Retirement Date or Early Retirement Date. For payment before Normal Retirement Date, the benefit is reduced as for Early Retirement.
Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Amount:	Regular pension accrued payable at age 65. Participants may begin receiving reduced benefits as early as age 55.
Vesting percentage:	100% after 5 years of service
Pre-retirement death benefits:	
Age:	None
Service requirement:	5 years of service
Eligibility:	Spouse of a participant after having been married to the participant for at least one year prior to the participant's date of death.
Amount:	The Participant's spouse is entitled to a monthly benefit commencing on the date the Participant would have attained early retirement eligibility. The benefit is 50% of the accrued benefit reduced for early retirement and the 50% joint and survivor annuity optional form.

Part V – Summary of Plan Provisions

Comex Group, Inc. Pension Plan EIN: 51-0401657 / PN: 003

Summary of Plan Provisions *continued*

Post-retirement death benefits:	
Eligibility:	Spouse of a participant after having been married to the participant for at least one year prior to the participant's date of death.
Joint and Survivor:	The Participant's spouse is entitled to an immediate monthly benefit equal to the monthly annuity the spouse would have received if the Participant had retired the day before death and had elected the 50% joint and survivor annuity option.
Forms of Benefit:	
Normal Form:	Life annuity; 50% Qualified Joint Survivor Annuity for married participants
Optional Forms:	In lieu of the automatic form of payment, a Participant may elect, with the proper spousal consent, an optional form of payment on an actuarial equivalent basis.
Actuarial Equivalence:	1983 GAM for males, 8% interest
Section 415 limit:	\$195,000 (previously \$185,000)
Section 401(a)(17) limit:	\$245,000 (previously \$230,000)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 11/30/2009 and ending 11/29/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Comex Group, Inc. Pension Plan		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Comex Group, Inc.		D Employer Identification Number (EIN) 51-0401657	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>11</u> Day <u>30</u> Year <u>2009</u>			
2 Assets:			
a Market value		2a	45698384
b Actuarial value		2b	47767481
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	324	16080040
b For terminated vested participants	3b	742	13556489
c For active participants:			
(1) Non-vested benefits	3c(1)		3289540
(2) Vested benefits	3c(2)		26978340
(3) Total active	3c(3)	1818	30267880
d Total	3d	2884	59904409
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.75%
6 Target normal cost		6	3693959

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	JIMMY MAK		<u>9/2/2011</u>
		Signature of actuary	Date
JIMMY MAK, ASA, EA, MAAA		1105788	
Type or print name of actuary		Most recent enrollment number	
SIBSON CONSULTING		212-251-5000	
Firm name		Telephone number (including area code)	
333 W. 34TH STREET			
NEW YORK NY 10001-2402			
Address of the firm			

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.21%2nd segment:
6.74%3rd segment:
6.84%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions).....**31**

3693959

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

11334856

1219657

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....**34**

4913616

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

1876606

915587

2792193

36 Additional cash requirement (item 34 minus item 35).....**36**

2121423

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

2381243

38 Interest-adjusted excess contributions for current year (see instructions).....**38**

271965

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39**

0

40 Unpaid minimum required contribution for all years**40**

0

Schedule SB, Change in Actuary

Comex Group, Inc. Pension Plan
EIN 51-0401657 PN 003

The Plan's actuary has changed due to the Plan Sponsor changing the actuarial services from Aon Consulting to Sibson Consulting.

COMEX GROUP, INC. (PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

NOVEMBER 29, 2010

PENSION PLAN (Plan Number 003)

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE I

IDENTITY OF ISSUER	SHARES	COST	FAIR VALUE
Mutual Funds - Equities			
Federated Prime Obligation	447,163	\$ 447,163	\$ 447,163
Dreyfus Bostn Co Small Cap Growth Fund I	28,427	982,492	1,454,906
Goldman Sachs Growth Opportunities Class I	145,967	2,881,215	3,402,492
Harbor Capital Appreciation Institutional	123,192	3,766,431	4,364,697
Janus Perkins Small Co Value Class I	41,653	813,146	973,858
Jensen Portfolio Class I	170,696	3,952,283	4,380,058
Legg Mason Emerging Markets Institutional Class	62,606	925,451	1,451,205
MFS Research International Fund Class I	193,403	2,367,247	2,864,291
PIMCO Commodity Real Return Institutional	142,582	1,007,135	1,233,336
T Rowe Price Real Estate Fund	28,875	289,070	489,430
TOTAL MUTUAL FUNDS - EQUITIES		\$ 17,431,633	\$ 21,061,436
Proprietary Funds - SunTrust Equity			
Ridgeworth Mid Cap Value Equity Class I	256,238	\$ 2,565,204	\$ 2,918,553 *
Ridgeworth Large Cap Value Equity I	491,770	6,388,592	5,847,146 *
TOTAL PROPRIETARY FUNDS - SUNTRUST EQUITY		\$ 8,953,796	\$ 8,765,699
Proprietary Funds - SunTrust Fixed Income			
Ridgeworth High Income Fund Class I	141,371	\$ 903,672	\$ 981,115 *
Ridgeworth Total Return Bond Fund Class I	945,961	9,740,906	10,424,491 *
TOTAL PROPRIETARY FUNDS - SUNTRUST FIXED INCOME		\$ 10,644,578	\$ 11,405,606
Common Funds - Equities			
SunTrust Retirement 500 Index Fund	547,296	5,700,462	5,592,161 *
TOTAL COMMON FUNDS - EQUITIES		\$ 5,700,462	\$ 5,592,161
Common Funds - Fixed Income			
SunTrust Retirement High Grade Intermediate Bond Fund	101,177	\$ 1,098,882	\$ 1,481,454 *
TOTAL COMMON FUNDS - FIXED INCOME		\$ 1,098,882	\$ 1,481,454
Exchange Traded Funds			
iShares Barclays Treasury Inflation Protected Securities Bond Fund	4,500	\$ 477,893	\$ 492,660
Total investments		\$ 44,307,244	\$ 48,799,016

* Suntrust and Ridgeworth (related to SunTrust) are considered party-in-interest because SunTrust is a service provider of the Plan.

The information in this schedule has been certified as to its completeness and accuracy by the trustee.

COMEX GROUP, INC. (PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

PENSION PLAN (Plan Number 003)

NOVEMBER 29, 2010

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE II

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of asset	Current value on Transaction Date	Net Gain (Loss)
Single Transaction Exceeds 5% of Value:							
Harbor Capital Appreciation Institutional	bought 124,609 shares	3,805,572	\$ -	\$ -	\$ 3,805,572	\$ 3,805,572	\$ -
iShares Barclays Treasury Russell 1000 Growth Index	bought 117,205 shares	5,779,953	-	3,516	5,779,953	5,779,953	-
iShares Barclays Treasury Russell 1000 Growth Index	sold 139,401 shares	-	6,631,542	7,082	6,901,836	6,631,542	(270,294)
Jensen Portfolio Class I	bought 164,662 shares	3,805,344	-	-	3,805,344	3,805,344	-
MFS Research International Fund Class I	bought 241,835 shares	2,960,058	-	-	2,960,058	2,960,058	-
MFS Core Growth I	sold 365,195 shares	-	5,799,291	-	5,762,771	5,799,291	36,519
Ridgeworth International Equity Index I	sold 234,109 shares	-	2,441,753	-	3,078,117	2,441,753	(636,364)
SunTrust Retirement Reserve Fund	bought 5,799,291 shares	5,799,291	-	-	5,799,291	5,799,291	-
SunTrust Retirement Reserve Fund	sold 5,779,953 shares	-	5,779,953	-	5,779,953	5,779,953	-
SunTrust Retirement Reserve Fund	bought 2,564,000 shares	2,564,000	-	-	2,564,000	2,564,000	-
Series of Transactions with the Same Broker Exceeds 5% of Value:							
BNY Brokerage Inc. (ESI)	Sold 139,401 shares	-	6,631,542	7,082	6,901,836	6,631,542	(270,294)
BNY Brokerage Inc. (ESI)	Bought 4,000 shares	423,520	-	200	423,520	423,520	-
Jones Trading Institutional Services	Bought 141,305 shares	7,025,722	-	3,998	7,025,722	7,025,722	-
Jones Trading Institutional Services	Sold 1,404 shares	-	71,821	29	69,512	72,821	2,309
Series of Transactions in Same Security Exceeds 5% of Value:							
Harbor Capital Appreciation Institutional	bought 133,793 shares and sold 10,600 shares	4,090,524	379,884	-	4,414,618	4,470,408	55,790

(Continued on next page)

COMEX GROUP, INC. (PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

PENSION PLAN (Plan Number 003)

NOVEMBER 29, 2010

SCHEDULE H, LINE 4f, SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE II

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses incurred with Transaction	Cost of asset	Current value on Transaction Date	Net Gain (Loss)
	(Continued from previous page)						
iShares Barclays Russell 1000 Growth Index	bought 140,805 shares and sold 140,805 shares	6,971,349	6,703,363	11,099	13,942,697	13,674,712	(267,985)
Jensen Portfolio Class I	bought 172,559 shares and sold 1,863 shares	3,995,424	48,500	-	4,038,565	4,043,924	5,359
MFS Research International Fund Class I	bought 241,835 shares and sold 48,432 shares	2,960,058	678,762	-	3,552,870	3,638,820	85,950
MFS Core Growth I	bought 365,195 shares and sold 7,180 shares	-	5,799,291	-	5,762,771	5,799,291	36,519
Ridgeworth International Equity Index I	bought 398 shares and sold 236,459 shares	96,953	2,469,766	-	3,205,968	2,566,719	(639,249)
Ridgeworth Total Return Bond Fund Class I	reinvested 34,983 shares, bought 177,036 shares and sold 102,209 shares	2,316,804	1,114,393	-	3,417,703	3,431,197	13,494
SunTrust Retirement Reserve Fund	bought 11,009,803 shares and sold 11,084,692 shares	11,009,802	11,084,691	-	22,094,493	22,094,493	-
SunTrust 500 Index Retirement Class A Fund	bought 32,593 shares and sold 295,921 shares	306,410	2,800,653	-	3,057,188	3,107,063	49,876
Single Transaction with One Broker Exceeds 5% of Value:							
BNY Brokerage Inc. (ESI)	bought 4,000 shares	423,520	-	200	423,520	423,520	-
BNY Brokerage Inc. (ESI)	Sold 139,401 shares	-	6,631,542	7,082	6,901,836	6,631,542	(270,294)
Jones Trading Institutional Services	Bought 141,305 shares	7,025,722	-	3,998	7,025,722	7,025,722	-
Jones Trading Institutional Services	Sold 1,404 shares	-	71,821	29	69,512	72,821	2,309

The information in this schedule has been certified as to its completeness and accuracy by the trustee.