

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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>HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HAGEMEYER NORTH AMERICA, INC.</u> <u>1460 TOBIAS GADSON BLVD.</u> <u>CHARLESTON, SC 29407</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-2281578</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>843-745-6869</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>551112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-2281578</u>	2c Sponsor's telephone number <u>843-745-6869</u>	2d Business code (see instructions) <u>551112</u>	
2b Employer Identification Number (EIN) <u>56-2281578</u>					
2c Sponsor's telephone number <u>843-745-6869</u>					
2d Business code (see instructions) <u>551112</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	Filed with authorized/valid electronic signature.	10/17/2011	JANINE MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HAGEMEYER NORTH AMERICA, INC. 1460 TOBIAS GADSON BLVD. CHARLESTON, SC 29407	3b Administrator's EIN 56-2281578 3c Administrator's telephone number 843-745-6869
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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	3329
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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	2516
b Retired or separated participants receiving benefits.....	6b	122
c Other retired or separated participants entitled to future benefits.....	6c	620
d Subtotal. Add lines 6a , 6b , and 6c	6d	3258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	3263
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3151
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	225

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:
2E 2F 2G 2J 2K 2R 3H 2S 2T

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HAGEMEYER NORTH AMERICA, INC.	D Employer Identification Number (EIN) 56-2281578	

Part I	Service Provider Information (see instructions)
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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
BANK OF AMERICA, N.A.
94-1687665

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

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 71 72	RECORDKEEPING	46061	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

KPMG LLP

13-5565207

(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?
50	OTHER	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT RESEARCH & ADVISORY GRP

ATLANTIC CENTER PLAZA
1180 WEST PEACHTREE STREET STE 2475
ATLANTA, GA 30309

(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?
70	CONSULTANT	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HAGEMEYER NORTH AMERICA, INC.				D Employer Identification Number (EIN) 56-2281578	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST					
b Name of sponsor of entity listed in (a): AMVESCAP NATIONAL TRUST COMPANY					
c EIN-PN 84-1142974-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36522396	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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:					
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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	

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
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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
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>HAGEMEYER NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAGEMEYER NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>56-2281578</u>

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		<u>2134</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		<u>0</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>28096</u>	<u>22344</u>
(2) U.S. Government securities	1c(2)	<u>0</u>	<u>0</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		<u>0</u>
(B) All other	1c(3)(B)	<u>0</u>	<u>0</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	<u>0</u>	<u>0</u>
(B) Common	1c(4)(B)	<u>0</u>	<u>0</u>
(5) Partnership/joint venture interests	1c(5)	<u>0</u>	<u>0</u>
(6) Real estate (other than employer real property)	1c(6)	<u>0</u>	<u>0</u>
(7) Loans (other than to participants)	1c(7)	<u>0</u>	<u>0</u>
(8) Participant loans	1c(8)	<u>4194023</u>	<u>4385489</u>
(9) Value of interest in common/collective trusts	1c(9)	<u>36183381</u>	<u>36522396</u>
(10) Value of interest in pooled separate accounts	1c(10)	<u>0</u>	<u>0</u>
(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)	<u>91425435</u>	<u>98476836</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	<u>962577</u>	<u>1343144</u>

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	132793512	140752343

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	132793512	140752343
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	760	
(B) Participants	2a(1)(B)	7004451	
(C) Others (including rollovers)	2a(1)(C)	523196	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7528407
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)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	228294	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		228294
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1628988	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1628988
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1301019
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		10649989
c Other income.....	2c		559385
d Total income. Add all income amounts in column (b) and enter total.....	2d		21896082

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13652669	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13652669
f Corrective distributions (see instructions)	2f		2007
g Certain deemed distributions of participant loans (see instructions).....	2g		133712
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	148863	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		148863
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13937251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7958831
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: KPMG LLP

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>HAGEMeyer NORTH AMERICA PROFIT SHARING & 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAGEMeyer NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>56-2281578</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>94-1687665</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	

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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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) 2010
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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



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

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

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

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Supplemental Schedule as of December 31, 2010:	
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Note: The accompanying financial statements and supplemental schedule have been prepared for the purpose of filing Department of Labor's Form 5500. Supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are omitted because of the absence of conditions under which such schedules are required.



KPMG LLP
1601 Market Street
Philadelphia, PA 19103-2499

Independent Auditors' Report

Participants and Administrator

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

We were engaged to audit the accompanying statements of net assets available for benefits of the Hagemeyer North America Profit Sharing & 401(k) Plan and Trust (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 7, which was certified by Merrill Lynch Bank and Trust Co., FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

KPMG LLP

October 14, 2011

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

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Participant-directed investments -- at fair value		
Mutual Funds	\$ 98,476,836	91,425,434
Common Collective Trusts	36,522,396	36,183,382
Self-directed brokerage accounts	1,343,144	962,577
Transactions In-transit - cash	24,478	28,096
Notes receivable from participants	<u>4,385,489</u>	<u>4,194,023</u>
Total assets	140,752,343	132,793,512
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	<u>(1,016,101)</u>	<u>(710,230)</u>
Net assets available for benefits	<u>\$ 139,736,242</u>	<u>132,083,282</u>

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions:		
Investment income	\$ 3,411,815	3,092,025
Net appreciation in fair value of investments	<u>10,649,989</u>	<u>17,107,347</u>
Total investment income	14,061,804	20,199,372
Contributions:		
Employer, net of forfeitures	760	428,255
Participant	7,004,451	7,063,782
Participant rollover	<u>523,196</u>	<u>182,779</u>
Total contributions	<u>7,528,407</u>	<u>7,674,816</u>
Total additions	<u>21,590,211</u>	<u>27,874,188</u>
Deductions:		
Benefits paid to participants	13,788,388	16,666,275
Administrative expenses	<u>148,863</u>	<u>161,976</u>
Total deductions	<u>13,937,251</u>	<u>16,828,251</u>
Net increase	7,652,960	11,045,937
Net assets available for benefits:		
Beginning of year	<u>132,083,282</u>	<u>121,037,345</u>
End of year	<u>\$ 139,736,242</u>	<u>132,083,282</u>

See accompanying notes to financial statements.

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

Notes to Financial Statements

December 31, 2010 and 2009

(1) Description of the Plan

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

(a) General

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

(b) Eligibility

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

(c) Contributions

Participants may contribute any percentage of pre-tax compensation for a total amount of contributions up to the annual limits under the Internal Revenue Code (IRC). At the time that an employee becomes a participant, as defined, the Company automatically defers 3% of the participant's compensation unless the participant elects not to defer compensation or to defer a smaller or larger percentage of compensation. The automatic deferral of compensation does not take effect until 30 days after an eligible employee has received a detailed written explanation of the provisions of the automatic deduction. A profit sharing contribution may be made at the discretion of the Company's Board of Directors. No profit sharing contributions were made during 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified plans, as described in the Plan document.

A matching contribution may be made at the discretion of the Company's Board of Directors. Historically, the Company has matched 75% of a participant's deferrals that are contributed to the Plan that do not exceed 6% of a participant's eligible compensation. Effective January 1, 2009, the matching contribution was modified. From January 1, 2009 through February 28, 2009, the Company elected to match 25% of a participant's deferrals that are contributed to the Plan that do not exceed 6% of a participant's eligible compensation. Beginning March 1, 2009, the Company elected to suspend its matching contribution and modified the Plan to allow an annual matching contribution. As the Company did not meet or exceed 2009 sales goals, the Company did not make any discretionary annual match for 2009. Effective January 1, 2010, the matching contribution was again modified. The Company now matches 10% of a participant's deferrals that are contributed to the Plan that do not exceed 6% of a participant's eligible compensation. The match is allocated each

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PROFIT SHARING & 401(k) PLAN AND TRUST**

Notes to Financial Statements

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calendar quarter end. The employer match for 2010 totaled \$392,016, of which \$391,256 was funded by the utilization of forfeitures.

(d) Participant Accounts

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

(e) Investments

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

(f) Vesting

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

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

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

<u>Years of service</u>	<u>Vesting percentage</u>
Less than 3	—%
3 or more	100

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PROFIT SHARING & 401(k) PLAN AND TRUST**

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(g) Notes receivable from participants

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

(h) Payment of Benefits

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

(i) Forfeited Accounts

Forfeited balances of terminated participants which relate to Company contributions other than ESOP accounts are first made available to reinstate previously forfeited account balances of former participants, if any. Any remaining non-ESOP forfeited amounts are then used to offset Plan expenses and reduce future employer contributions to the Plan. Forfeitures may not be allocated to participants' accounts to provide additional benefits, unless the Company has determined during such plan year to permanently cease making contributions to the Plan.

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

At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$1,094,571 and \$1,441,113, respectively. During the years ended December 31, 2010 and 2009, forfeitures aggregated \$170,675 and \$1,853,041 and employer contributions were reduced by \$392,016 and \$73,900, respectively, from forfeited nonvested accounts. During the year ended December 31, 2010 and 2009, \$0 and \$816,434, respectively, was allocated to participants with an ESOP account from forfeited nonvested accounts. Other activity in these accounts totaled a net reduction in 2010 of \$125,201 and a net increase in 2009 of \$160,190.

(j) Corrections

Certain administrative issues arose with regard to the Plan in prior years. In particular, the Plan administrator had administered the Plan in a manner that was not always consistent with the Plan's terms. The Plan administrator has taken the necessary steps to correct these inconsistencies. To facilitate the corrections, the Company made corrective contributions to the Plan to make the Plan whole and implemented additional administrative procedures to prevent the reoccurrence of such errors in the future. The Company availed itself of the Internal Revenue Service's Voluntary

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Compliance Program to correct these errors and avoid any potential disqualification of the Plan. Pursuant to said program, the Company received a compliance statement from the Internal Revenue Service in January 2011 in relation to such issues, confirming that the corrections were proper and preserving the Plan's qualified status. The cost associated with using such correction procedure was borne by the Company and was not charged to the Plan.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

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

(b) *Use of Estimates*

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

(c) *Risks and Uncertainties*

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

(d) *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investments in common trust funds are stated at fair value as determined by the issuer of the common trust funds based on the fair market value of the underlying investments. Common trust funds with underlying investments in investment contracts are valued at the fair market value of the underlying investments and then adjusted by the issuer to contract value. Money market funds are valued at cost plus accrued interest, which approximates fair value. Investments in the self-directed brokerage accounts are valued at quoted market prices.

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

**HAGEMeyer NORTH AMERICA
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Notes to Financial Statements

December 31, 2010 and 2009

investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

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

(e) *Notes Receivable from Participants*

Notes receivable from participants represent participant loans on vested account balances and are measured at the unpaid principal balance of the loans plus any accrued but unpaid interest. In 2010 interest rates ranged from 4.25% to 9.25%.

(f) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

(g) *Administrative Expenses*

The Plan and the participants paid expenses related to the Plan as reflected in the financial statements. In addition, for the years ended December 31, 2010 and 2009, the Company paid expenses related to the Plan of \$77,442 and \$92,924, respectively.

(h) *Excess Contributions Payable*

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. In 2010 and 2009, the Plan did not have any contributions in excess of the IRC limits.

(i) *Recently Issued Accounting Standards*

In January 2010, the Financial Accounting Standards Board (FASB) issued authoritative guidance that improved disclosures about fair value measurements thereby increasing transparency in financial reporting. Some of the new disclosure requirements are effective for the Plan for the year ended December 31, 2010. The remaining disclosure requirements are effective for the Plan for the year ending December 31, 2011. Adoption of this guidance did not have a material effect on the financial statements.

In September 2010, new accounting guidance was issued which requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants in the financial statements. The adoption of such guidance did not affect the amount of participant loans receivable, but did result in the reclassification of such loans from Participant-directed investments at fair value to Notes receivable from participants on the accompanying Statements of Net Assets Available for Benefits.

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Notes to Financial Statements

December 31, 2010 and 2009

(3) Fair Value Measurement

(a) Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques to measure fair value. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements):

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

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

The following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

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

Common collective trust – The Trust accounts for investment contracts in accordance with the accounting guidance for fully benefit-responsive investment contracts in employee benefit plans, which limits the circumstances in which the net assets of an investment company will be able to reflect the contract value of wrapper agreements and provides guidance with respect to the financial statement presentation and disclosure of fully benefit-responsive investment contracts at year-end. The fair value of wrap contracts is determined by the Trust based on the change in the present value of the contract's replacement cost. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The actual average yield earned on the Trust for the years ended December 31, 2010 and 2009 was 3.67% and 2.93%, respectively.

In certain circumstances, the ability of the Plan to transact at contract value may be limited. These events include termination of the Plan, a material adverse change to the provisions of the Plan, the Plan elects to withdraw in order to switch to a different investment provider, or if the terms of a successor plan do not meet certain criteria. The Plan administrator does believe that any events

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December 31, 2010 and 2009

which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

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

The following tables present the Plan's assets that are measured at fair value on a recurring basis at December 31, 2010 and 2009:

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2010 carrying value			
Mutual funds				
Balanced Funds	\$ 8,878,081	8,878,081	—	—
Fixed Income Funds	17,083,774	17,083,774	—	—
Growth Funds	61,021,309	61,021,309	—	—
Index Funds	11,493,672	11,493,672	—	—
Common collective trust	36,522,396		36,522,396	—
Self-directed brokerage accounts	1,343,144	1,343,144	—	—
In-Transit Cash	24,478	24,478	—	—
Total	\$ 136,366,854	99,844,458	36,522,396	—

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PROFIT SHARING & 401(k) PLAN AND TRUST**

Notes to Financial Statements

December 31, 2010 and 2009

		Fair value measurements at reporting date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
	December 31, 2009 carrying value			
Mutual funds				
Balanced Funds	\$ 8,006,098	8,006,098	—	—
Fixed Income Funds	15,416,665	15,416,665	—	—
Growth Funds	58,013,965	58,013,965	—	—
Index Funds	9,988,706	9,988,706	—	—
Common collective trust	36,183,382	—	36,183,382	—
Self-directed brokerage accounts	962,577	962,577	—	—
In-Transit cash	28,096	28,096	—	—
Total	\$ 128,599,489	92,416,107	36,183,382	—

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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PROFIT SHARING & 401(k) PLAN AND TRUST**

Notes to Financial Statements

December 31, 2010 and 2009

(4) Investments

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2010 and 2009 are as follows:

Investments > 5%	2010	2009
Neuberger and Berman Genesis Trust, 280,397 and 314,331 units, respectively	\$ 13,358,102	12,337,479
American Funds Growth Fund of America, 395,797 and 421,562 units, respectively	12,048,061	11,521,298
Victory Diversified Stock Fund, 479,487 and 523,020 units, respectively	7,484,795	7,311,818
American Funds Europacific Growth Fund, 237,888 and 274,286 units, respectively	9,677,296	10,346,076
Pimco Total Return Fund, 720,494 and 695,559 units, respectively	7,817,358	7,512,039
INVESCO Stable Value Trust, 35,506,295 and 35,473,152 units, respectively, at Fair Value	36,522,396	36,183,382

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	2010	2009
Mutual funds – equity funds	\$ 10,518,629	16,983,477
Common stock held in individually directed brokerage accounts	131,360	123,870
Net appreciation in fair value of investments	\$ 10,649,989	17,107,347

(5) Plan Termination

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

(6) Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated May 24, 2011, that the Plan and related trust are designed in accordance with the applicable regulations of the IRC. The Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt.

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PROFIT SHARING & 401(k) PLAN AND TRUST**

Notes to Financial Statements

December 31, 2010 and 2009

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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the 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 asset) 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 the Plan is no longer subject to income tax examinations for periods prior to 2007.

(7) Information Certified by the Trustee

The following is a summary of the unaudited information regarding the Plan as of December 31, 2010 and 2009, and for the years then ended, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by Merrill Lynch Bank and Trust Co., FSB (Merrill Lynch), the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate:

	<u>2010</u>	<u>2009</u>
Participant-directed investments:		
Mutual funds	\$ 98,476,836	91,425,434
Self-directed brokerage accounts	1,343,144	962,577
Notes receivable from participants	4,385,489	4,194,023
Invesco Stable Value Trust, at contract value	35,506,295	35,473,152
Transactions in-transit – cash	24,478	28,096
	<u>\$ 139,736,242</u>	<u>132,083,282</u>
Investment income:		
Dividends and interest	\$ 3,411,815	3,092,025
Net appreciation in fair value of investments	10,649,989	17,107,347

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

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

Notes to Financial Statements

December 31, 2010 and 2009

(8) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 139,736,242	132,083,282
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>1,016,101</u>	<u>710,230</u>
Net assets available for benefits per the Form 5500, at fair value	<u>\$ 140,752,343</u>	<u>132,793,512</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the net income per the Form 5500 for the year ended December 31, 2010:

	<u>2010</u>
Net increase in net assets available for benefits per the financial statements	\$ 7,652,960
Plus adjustment from contract value to fair value for fully benefit-responsive investment contracts	1,016,101
Less reversal of prior-year adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(710,230)</u>
Net income per the Form 5500	<u>\$ 7,958,831</u>

(9) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2011, the date the financial statements were available to be issued, and determined that there are no items to disclose.

SUPPLEMENTAL SCHEDULE OF SELECTED FINANCIAL DATA

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

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

December 31, 2010

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Vanguard Total BD Mkt Index Fund	Mutual fund	**	\$ 612,015
Vanguard GM Total BD Mkt Index	Mutual fund	**	4,193,996
Columbia Small Cap Index	Mutual fund	**	243,579
Columbia Small Cap Index GM	Mutual fund	**	1,361,019
Columbia Mid Cap Index Fund CL Z	Mutual fund	**	424,643
Columbia Mid Cap Index CL Z GM	Mutual fund	**	972,926
Allianz NFH SM Cap Val Inst	Mutual fund	**	554,700
Allianz NFH SM Cap Val GM Inst	Mutual fund	**	1,279,916
American Funds Europacific Growth Fund	Mutual fund	**	9,677,296
American Europacific R4 GM	Mutual fund	**	811,283
Vanguard Developed Mkts	Mutual fund	**	68,040
Vanguard Developed Mkts GM	Mutual fund	**	1,185,506
Eaton Vance Large Cap Value	Mutual fund	**	1,998,750
Eaton Vance GM Large Cap Value	Mutual fund	**	2,594,264
Thornburg International Value	Mutual fund	**	479,916
Thornburg International VL GM	Mutual fund	**	814,789
Vanguard 500 Index Fd -- signal CL	Mutual fund	**	5,973,043
Vanguard 500 Index Fd -- signal GM	Mutual fund	**	2,518,462
Pimco Total Return Fund	Mutual fund	**	7,817,358
Pimco Total Return Fund GM	Mutual fund	**	4,460,405
Blackrock Small Cap GR Inst	Mutual fund	**	753,628
Blackrock Small Cap GR Inst GM	Mutual fund	**	1,363,055
Neuberger & Berman Genesis Trust	Mutual fund	**	13,358,102
Victory Diversified Stock Fund--Class A	Mutual fund	**	7,484,795
Perkins Mid-Cap Value Investor Shares	Mutual fund	**	4,452,169
Perkins Mid Cap Val Inv Shares GM	Mutual fund	**	769,837
American Century Vista	Mutual fund	**	6,860,839
American Century Vista GM	Mutual fund	**	763,696
American Funds Growth Fund of America	Mutual fund	**	12,048,061
American Growth Fund FD of Amer-GM	Mutual fund	**	2,580,748
INVE스코 Stable Value Trust	Collective trust fund	**	36,522,396
Various	Self-directed brokerage accounts	**	1,343,144
Total investments at fair value			136,342,376
* Transactions In-transit	Cash		24,478
* Various participants	Loans, maturing 2011 to 2020 at interest rates ranging from 4.25% to 9.25%	**	4,385,489
Total investments			\$ 140,752,343

* Permitted party-in-interest

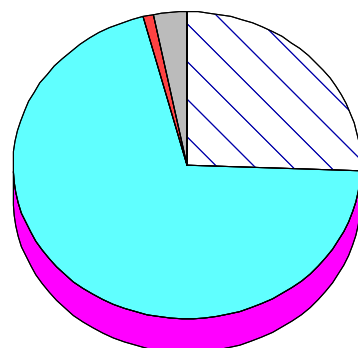
** Cost information is not required for participant-directed investments and, therefore, is not included.

See accompanying independent auditors' report

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

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

ALLOCATION OF PLAN ASSETS



25.61% COMMON / COLLECTIVE TRUSTS	70.28% MUTUAL FUNDS
0.96% OTHER ASSETS	3.13% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME
0.02% CASH	

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
INVESCO STABLE VALUE TRUST	34,189,206.1548	1.000	34,189,206.98	34,189,206.15	24.40%
INVESCO STABLE VALUE TRUST GM	1,700,170.7221	1.000	1,700,170.85	1,700,170.72	1.21%
TOTAL COMMON / COLLECTIVE TRUSTS			35,889,377.83	35,889,376.87	25.61%
<u>MUTUAL FUNDS</u>					
VANGUARD TOTAL BD MKT INDEX FD	57,737.2325	10.600	605,971.90	612,014.66	0.44%
VANGUARD GM TOTAL BD MKT INDEX	395,660.0069	10.600	4,082,436.76	4,193,996.07	2.99%
COLUMBIA SMALL CAP INDEX	14,095.9866	17.280	199,808.67	243,578.65	0.17%
COLUMBIA SMALL CAP INDEX GM	78,762.6530	17.280	947,304.73	1,361,018.64	0.97%
COLUMBIA MIDCAP INDEX FD CL Z	36,861.3548	11.520	345,686.00	424,642.81	0.30%
COLUMBIA MIDCAP INDEX CL Z GM	84,455.4298	11.520	645,194.86	972,926.55	0.69%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

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

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLIANZ NFJ SM-CAP VAL INSTI	18,570.4583	29.870	472,423.42	554,699.59	0.40%
ALLIANZ NFJ SM-CAP VAL GM INST	42,849.5404	29.870	912,839.58	1,279,915.77	0.91%
AMERICAN EUROPACIFIC GR R4	237,888.2939	40.680	9,379,402.34	9,677,295.80	6.91%
AMERICAN EUROPACIFIC R4-GM	19,943.0369	40.680	619,399.31	811,282.74	0.58%
VANGUARD DEVELOPED MKTS	6,763.4679	10.060	58,323.12	68,040.49	0.05%
VANGUARD DEVELOPED MKTS GM	117,843.5692	10.060	955,395.39	1,185,506.31	0.85%
EATON VANCE LARGE CAP VALUE	109,400.6849	18.270	1,615,217.08	1,998,750.51	1.43%
EATON VANCE GM LARGE CAP VALUE	141,995.8549	18.270	2,123,043.85	2,594,264.27	1.85%
THORNBURG INTERNATIONAL VALUE	16,780.2785	28.600	405,193.85	479,915.97	0.34%
THORNBURG INTERNATIONAL VL GM	28,489.1343	28.600	606,162.93	814,789.24	0.58%
VANGUARD 500 INDX FD SIGNAL CL	62,427.2918	95.680	4,420,508.47	5,973,043.28	4.26%
VANGUARD 500 INDX FD SIGNALGM	26,321.7184	95.680	1,913,669.99	2,518,462.02	1.80%
PIMCO TOTAL RETURN FUND	720,493.8149	10.850	7,557,248.73	7,817,357.89	5.58%
PIMCO TOTAL RETURN FD GM	411,097.2711	10.850	4,334,356.24	4,460,405.39	3.18%
BLACKROCK SML CP GR INST	31,388.0721	24.010	570,393.00	753,627.61	0.54%
BLACKROCK SML CP GR INST GM	56,770.2959	24.010	915,388.93	1,363,054.80	0.97%
NEUBERG & BERMN GENESIS TRUST	280,396.7694	47.640	11,449,056.99	13,358,102.09	9.53%
VICTORY DIVERSIFIED STOCK FD	479,487.1644	15.610	7,698,534.92	7,484,794.64	5.34%
PERKINS MID CAP VAL INV SHARES	197,260.4811	22.570	4,121,085.01	4,452,169.06	3.18%
PERKINS MID CAP VAL INV SHARES	34,108.8562	22.570	570,517.12	769,836.88	0.55%
AMERICAN CENTURY VISTA	410,582.8551	16.710	4,668,376.77	6,860,839.51	4.90%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

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

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN CENTRY VISTA GM	45,702.9131	16.710	542,305.02	763,695.68	0.55%
AMERICAN FUNDS GRTH FD OF AMER	395,797.0225	30.440	10,341,893.26	12,048,061.36	8.60%
AMERICAN FUNDS GRTH FD OF AMER	84,781.4774	30.440	1,913,004.28	2,580,748.17	1.84%
TOTAL MUTUAL FUNDS			84,990,142.52	98,476,836.45	70.28%
<u>OTHER ASSETS</u>					
SELF-DIRECT ACCT	1,229,914.8101	1.000	1,229,914.81	1,229,914.81	0.88%
SELF-DIRECT ACCT	113,229.6600	1.000	113,229.66	113,229.66	0.08%
TOTAL OTHER ASSETS			1,343,144.47	1,343,144.47	0.96%
<u>LOANS</u>					
LOAN FUND	4,385,488.6100	1.000	4,385,488.61	4,385,488.61	3.13%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	2,133.6900	1.000	2,133.69	2,133.69	0.00%
INVESTMENT TOTAL			126,610,287.12	140,096,980.09	99.98%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			1,042.68	1,042.68	0.00%
CASH			21,301.68	21,301.68	0.02%
TOTAL ASSETS			126,632,631.48	140,119,324.45	100.00%

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

Balances include the effect of pending trades

