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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning <u>11/30/2010</u> and ending <u>11/29/2011</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

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

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>09/17/2012</u> | <u>JOHN T. O'TOOLE</u>                                       |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | 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

|                                                                                                                                                                                |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>COMEX GROUP, INC.<br><br>5575 DTC PARKWAY, SUITE 100<br>GREENWOOD VILLAGE, CO 80111 | <b>3b</b> Administrator's EIN<br>51-0401657<br><br><b>3c</b> Administrator's telephone number<br>303-371-5600 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
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|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 2833 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 1539 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 374  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 911  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 2824 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 49   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 2873 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 167  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 11/30/2010 and ending 11/29/2011

▶ **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.

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

|                                                                                                                                                                                                       |                                   |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>          |                           |
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>30</u> Year <u>2010</u>                                                                                                                     |                                   |                           |
| <b>2</b> Assets:                                                                                                                                                                                      |                                   |                           |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>51371937</u>         |                           |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>47674501</u>         |                           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                   |                           |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> | <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>363</u>              | <u>18792010</u>           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>845</u>              | <u>17858145</u>           |
| <b>c</b> For active participants:                                                                                                                                                                     |                                   |                           |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b>                      | <u>3631955</u>            |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b>                      | <u>27822970</u>           |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>1625</u>          | <u>31454925</u>           |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>2833</u>             | <u>68105080</u>           |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>          |                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                         |                           |
| <b>b</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 ..... | <b>4b</b>                         |                           |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>6.50</u> %            |                           |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>3625540</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.

|                                                             |  |                                        |
|-------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                            |  | <u>09/10/2012</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><br><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) 2010**  
**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) ..... | 1876606               | 915587                 |
| 8       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 1876606               | 915587                 |
| 9       | Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| 10      | Interest on item 9 using prior year's actual return of _____ % .....                            |                       |                        |
| 11      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a       | Excess contributions (Item 38 from prior year) .....                                            |                       | 271965                 |
| b       | Interest on (a) using prior year's effective rate of <u>6.75</u> % .....                        |                       | 18358                  |
| c       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 290323                 |
| d       | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12      | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13      | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 0                     | 0                      |

| Part III | Funding percentages                                                                                                                                             |           |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14       | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 70.00 % |
| 15       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 70.00 % |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 78.21 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

| Part IV                                                                           | Contributions and liquidity shortfalls |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|----------------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                        |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s)      | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/16/2011                                                                        | 1228404                                | 0                               |                          |                                   |                                 |
| 06/13/2011                                                                        | 1229000                                | 0                               |                          |                                   |                                 |
| 09/13/2011                                                                        | 1229000                                | 0                               |                          |                                   |                                 |
| 12/13/2011                                                                        | 1229000                                | 0                               |                          |                                   |                                 |
| 03/13/2012                                                                        | 400                                    | 0                               |                          |                                   |                                 |
| 08/13/2012                                                                        | 1377000                                | 0                               |                          |                                   |                                 |
|                                                                                   |                                        |                                 | <b>Totals ▶</b>          | <b>18(b)</b>                      | 6292804                         |
|                                                                                   |                                        |                                 |                          | <b>18(c)</b>                      | 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 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c 5952760                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |
| 0                                                                                                                             | 0                                                                   |
| (3) 3rd                                                                                                                       | (4) 4th                                                             |
| 0                                                                                                                             | 0                                                                   |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.05 % | 2nd segment:<br>6.47 % | 3rd segment:<br>6.65 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 3625540            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 17706376            | 2327022            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                  | <b>34</b>           | 5952562            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          |                     | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 5952562            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 5952760            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 198                |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning **11/30/2010** and ending **11/29/2011**

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

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                                |
| RIDGEWORTH INVESTMENTS                                                                                            | 3333 PIEDMONT ROAD<br>ATLANTA, GA 30305                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |                                                                                |
| THE DREYFUS CORPORATION                                                                                           | 200 PARK AVENUE<br>NEW YORK, NY 10166                                          |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                                |
| FEDERATED INVESTMENT MANAGEMENT CO                                                                                | FEDERATED INVESTORS TOWERS<br>1001 LIBERTY AVENUE<br>PITTSBURGH, PA 15222-3779 |
| <b>(b)</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<br>NEW YORK, NY 10282                                          |

---

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

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HARBOR CAPITAL ADVISORS, INC.

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

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

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JANUS CAPITAL MANAGEMENT LLC

151 DETROIT STREET  
DENVER, CO 80206-4805

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

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JENSEN INVESTMENT MANAGEMENT, INC.

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

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

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LEGG MASON PARTNERS FD ADVISOR, LLC

620 EIGHTH AVENUE  
NEW YORK, NY 10018

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

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MASSACHUSETTS FINANCIAL SERVICES CO

500 BOYLSTON STREET  
BOSTON, MA 02116-3741

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

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PACIFIC INVESTMENT MGMT CO LLC

840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

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

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T. ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

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BLACKROCK FUND ADVISORS

400 HOWARD STREET  
SAN FRANCISCO, CA 94105

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

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SUNTRUST BANKS, INC.

303 PEACHTREE STREET  
ATLANTA, GA 30308

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

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BNY BROKERAGE INC.

1633 BROADWAY, 48TH FLOOR  
NEW YORK, NY 10019

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**(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

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**(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

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**(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

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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)

SUNTRUST BANK

58-0466330

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 28 51 52                   | PLAN TRUSTEE                                                                                             | 136211                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MORGAN,LEWIS& BOCKIUS LLP

23-0891050

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29                            | NONE                                                                                                     | 27229                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CAUSEY DEMGEN & MOORE

84-1158905

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 12500                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                  |                                                                        |            |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>11/30/2010</b> and ending <b>11/29/2011</b>         |                                                                        |            |
| <b>A</b> Name of plan<br><b>COMEX NORTH AMERICA, INC. PENSION PLAN (FORMERLY COMEX GROUP, INC. PENSION PLAN)</b> | <b>B</b> Three-digit plan number (PN) ►                                | <b>003</b> |
|                                                                                                                  |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMEX GROUP, INC.</b>                        | <b>D</b> Employer Identification Number (EIN)<br><br><b>51-0401657</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | <b>0</b>              |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <b>2618000</b>        | <b>2606400</b>  |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | <b>30944</b>          | <b>49457</b>    |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | <b>7073615</b>        | <b>6185826</b>  |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>41725401</b>       | <b>48683425</b> |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 51447960              | 57525108        |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 488192 | 293991 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 488192 | 293991 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 50959768 | 57231117 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6292804    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6292804   |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |       |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 45939 |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 45939 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 893445 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 893445 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |        |       |
|-------------------------------------------------------------------------------------------|-----------------|--------|-------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 652992 |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 627352 |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |        | 25640 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 30651      |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 30651     |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 990411    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 387583    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 8666473   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2074104 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2074104 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 72022   |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 136211  |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 112787  |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 321020  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 2395124 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6271349 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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 P.C.

(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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 11/30/2010 and ending 11/29/2011

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>58-0466330</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>4</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 67% Investment-Grade Debt: 30% High-Yield Debt: 3% 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):

**Report of Independent Accountants**

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

We were engaged to audit the financial statements and supplemental schedule of Comex North America, Inc. Pension Plan (formerly Comex Group, Inc. Pension Plan and Professional Paint, Inc. Pension Plan) (the "Plan") as of November 29, 2011 and 2010 and for the years then ended, as listed in the accompanying index. 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 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 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 and for the years ended November 29, 2011 and 2010, 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 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.

*Causey Demgen + Moore P.C.*

Denver, Colorado  
September 17, 2012

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 11/30/2010 and ending 11/29/2011

► 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.

|                                                                                                                                                         |                                                             |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br>Comex Group, Inc. Pension Plan                                                                                                 | <b>B</b> Three-digit plan number (PN) ►                     | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Comex Group, Inc.                                                           | <b>D</b> Employer Identification Number (EIN)<br>51-0401657 |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |            |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |            |

|                                                                                                                                                                                               |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                               |              |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>30</u> Year <u>2010</u>                                                                                                             |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                              |              |                            |                    |
| a Market value.....                                                                                                                                                                           | <b>2a</b>    |                            | 51371937           |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>    |                            | 47674501           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                           |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b>    | 363                        | 18792010           |
| b For terminated vested participants.....                                                                                                                                                     | <b>3b</b>    | 845                        | 17858145           |
| c For active participants:                                                                                                                                                                    |              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b> |                            | 3631955            |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b> |                            | 27822970           |
| (3) Total active.....                                                                                                                                                                         | <b>3c(3)</b> | 1625                       | 31454925           |
| d Total.....                                                                                                                                                                                  | <b>3d</b>    | 2833                       | 68105080           |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                        |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>    |                            |                    |
| 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..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                         | <b>5</b>     |                            | 6.50%              |
| <b>6</b> Target normal cost.....                                                                                                                                                              | <b>6</b>     |                            | 3625540            |

**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.

|                      |                                                                                                                                                                                                                                             |                                                                                                                                                     |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | JIMMY MAK<br>_____<br>Signature of actuary<br>Jimmy Mak, ASA, EA, MAAA<br>_____<br>Type or print name of actuary<br>SIBSON CONSULTING<br>_____<br>Firm name<br>333 W. 34TH STREET<br>NEW YORK NY 10001-2402<br>_____<br>Address of the firm | 09/10/2012<br>_____<br>Date<br>1105788<br>_____<br>Most recent enrollment number<br>212-251-5000<br>_____<br>Telephone number (including area code) |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

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) 2010  
v.092308.1

## Part II Beginning of year carryover and prefunding balances

|                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year)                         | 1876606               | 915587                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year)                      | 1876606               | 915587                 |
| <b>9</b> Amount remaining (line 7 minus line 8)                                                                            | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.74%</u>                                             | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year)                                                   |                       | 271965                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.75%</u> except as otherwise provided (see instructions) |                       | 18358                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance                                    |                       | 290323                 |
| <b>d</b> Portion of (c) to be added to prefunding balance                                                                  |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections                                                | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)                                     | 0                     | 0                      |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                   |           |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | <b>Funding target attainment percentage</b>                                                                                                                       | <b>14</b> | 70.00 % |
| <b>15</b> | <b>Adjusted funding target attainment percentage</b>                                                                                                              | <b>15</b> | 70.00 % |
| <b>16</b> | <b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement</b> | <b>16</b> | 78.21 % |
| <b>17</b> | <b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.</b>                                       | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and liquidity shortfalls</b> |
|----------------|-----------------------------------------------|

## 18 Contributions made to the plan for the plan year by employer(s) and employees:

[illegible]

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 5952760 |

## 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 | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

|                                                                                                                                                                                                                                       |                       |                       |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------------------------------------------------------|
| <b>Part V Assumptions used to determine funding target and target normal cost</b>                                                                                                                                                     |                       |                       |                                                                           |
| <b>21</b> Discount rate:                                                                                                                                                                                                              |                       |                       |                                                                           |
| <b>a</b> Segment rates:                                                                                                                                                                                                               | 1st segment:<br>4.05% | 2nd segment:<br>6.47% | 3rd segment:<br>6.65% <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                                                          |                       |                       | <b>21b</b> 4                                                              |
| <b>22</b> Weighted average retirement age .....                                                                                                                                                                                       |                       |                       | <b>22</b> 64                                                              |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                          |                       |                       |                                                                           |
| <b>Part VI Miscellaneous items</b>                                                                                                                                                                                                    |                       |                       |                                                                           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                       |                       |                                                                           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                       |                       |                                                                           |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                       |                       |                                                                           |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                 | <b>27</b>             |                       |                                                                           |
| <b>Part VII Reconciliation of unpaid minimum required contributions for prior years</b>                                                                                                                                               |                       |                       |                                                                           |
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                                                                                                                              | <b>28</b>             | 0                     |                                                                           |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....                                                                                                  | <b>29</b>             | 0                     |                                                                           |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                                                                                                                     | <b>30</b>             | 0                     |                                                                           |
| <b>Part VIII Minimum required contribution for current year</b>                                                                                                                                                                       |                       |                       |                                                                           |
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                                                                        | <b>31</b>             | 3625540               |                                                                           |
| <b>32</b> Amortization installments:                                                                                                                                                                                                  | Outstanding Balance   |                       | Installment                                                               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                                                                 | 17706376              |                       | 2327022                                                                   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                                                                        | 0                     |                       | 0                                                                         |
| <b>33</b> 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 .....                                                  | <b>33</b>             | 0                     |                                                                           |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                                                                   | <b>34</b>             | 5952562               |                                                                           |
|                                                                                                                                                                                                                                       | Carryover balance     | Prefunding balance    | Total balance                                                             |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                                                                           |                       |                       | 0                                                                         |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                                                                   | <b>36</b>             | 5952562               |                                                                           |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                                                                   | <b>37</b>             | 5952760               |                                                                           |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                                                                            | <b>38</b>             | 198                   |                                                                           |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                                                                       | <b>39</b>             | 0                     |                                                                           |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                                                                    | <b>40</b>             | 0                     |                                                                           |

## Part V – Statement of Actuarial Assumptions/Methods

Comex Group, Inc. Pension Plan

EIN: 51-0401657 / PN: 003

### B. Actuarial Assumptions and Methodologies (Funding)

| <b>Interest:</b>                 | The interest rates used for the 2010 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 4.05% for payments in the first 5 years, 6.47% for payments in years 6 – 20, and 6.65% for payments thereafter, which translates to an effective interest rate of 6.50%. (Prior year 24-month average corporate bond rates were 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%.)                                                                                                                                                         |     |      |  |     |      |     |      |    |        |    |      |    |       |    |      |    |       |    |      |    |      |     |      |    |      |  |  |                  |      |             |      |        |      |        |      |        |      |        |      |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|--|-----|------|-----|------|----|--------|----|------|----|-------|----|------|----|-------|----|------|----|------|-----|------|----|------|--|--|------------------|------|-------------|------|--------|------|--------|------|--------|------|--------|------|
| <b>Mortality rates:</b>          | The yield curve used to determine the PBGC variable rate premium is the same as funding.<br>RP2000 separate annuitant and non-annuitant tables with static projection to 2017 and 2025, 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.)                                                                                                                                                                                                                                                                                                                                                                          |     |      |  |     |      |     |      |    |        |    |      |    |       |    |      |    |       |    |      |    |      |     |      |    |      |  |  |                  |      |             |      |        |      |        |      |        |      |        |      |
| <b>Salary Increases:</b>         | 4.00%. (Only applies to the current year.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |      |  |     |      |     |      |    |        |    |      |    |       |    |      |    |       |    |      |    |      |     |      |    |      |  |  |                  |      |             |      |        |      |        |      |        |      |        |      |
| <b>Form of payment:</b>          | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |      |  |     |      |     |      |    |        |    |      |    |       |    |      |    |       |    |      |    |      |     |      |    |      |  |  |                  |      |             |      |        |      |        |      |        |      |        |      |
| <b>Sample termination rates:</b> | T-5 less GA 1951 Mortality<br><table><tr><th>Age</th><th>Rate</th><th>Age</th><th>Rate</th></tr><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></table> <p>The above rates are multiplied by the following amounts based on years of service:</p> <table><tr><th>Years of Service</th><th>Rate</th></tr><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></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

### B. Actuarial Assumptions and Methodologies (Funding) *continued*

| Sample 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:               | Plan-related expenses of \$300,000 expected to be paid by the plan during the year were assumed in 2010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |       |    |       |    |      |    |       |    |       |    |       |    |        |
| 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. WREDA provides that the averaging method is to be adjusted for expected earnings. The expected earnings are based on an assumed rate of return of 8.00%, not to exceed the applicable third segment rate of 6.62% in 2008 and 6.84% in 2009. Note that automatic IRS approval for a change in asset valuation method applies for plan years beginning in 2008, 2009, and 2010. |     |       |    |       |    |      |    |       |    |       |    |       |    |        |
| 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.                                                                                                                                                                                                                                                                                                                                                                    |     |       |    |       |    |      |    |       |    |       |    |       |    |        |

## 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.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLAN STATUS: ONGOING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Participation:</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Age requirement:            | 21 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service requirement:        | 1 year of service. Participation occurs on the plan anniversary following satisfaction of eligibility requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Groups covered:</b>      | Any employee of Comex who is not a member of a collective bargaining unit covered under a collective bargaining agreement with the Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Service:</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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: <ul style="list-style-type: none"><li>• <b>Color Wheel:</b> the later of the employee's date of hire and June 1, 2006.</li><li>• <b>Duckback:</b> the later of the employee's date of hire and September 16, 2003.</li><li>• <b>Frazee:</b> date of employment or date of hire.</li><li>• <b>Kwal-Howells:</b><ul style="list-style-type: none"><li>– Non-union hourly employees: later of the employee's date of hire and November 30, 1989.</li><li>– 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)</li><li>– Former Saphir Morris Employees: later of the employee's date of hire and November 30, 2001</li></ul></li><li>• <b>Parker Paint:</b> 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.</li><li>• <b>Stellar:</b> later of the employee's date of hire and May 31, 2002.</li><li>• <b>Classic:</b> later of the employee's date of hire and December 5, 2003.</li></ul> |

## Part V – Summary of Plan Provisions

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

### A. Summary of Plan Provisions *continued*

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement:</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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): <ul style="list-style-type: none"><li>(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.</li><li>(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.</li><li>(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.</li></ul> |

## Part V – Summary of Plan Provisions

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

### A. 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

### A. Summary of Plan Provisions *continued*

|                                      |                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement:</b>             |                                                                                                                                                                                                                                                                                                                                                      |
| 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.                                                                                                                  |
| <b>Late retirement:</b>              |                                                                                                                                                                                                                                                                                                                                                      |
| Amount:                              | The Accrued Benefit calculated at the Late Retirement Date.                                                                                                                                                                                                                                                                                          |
| <b>Disability:</b>                   |                                                                                                                                                                                                                                                                                                                                                      |
| 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. |
| <b>Vesting:</b>                      |                                                                                                                                                                                                                                                                                                                                                      |
| 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                                                                                                                                                                                                                                                                                                                        |
| <b>Pre-retirement death benefits</b> |                                                                                                                                                                                                                                                                                                                                                      |
| 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

### A. Summary of Plan Provisions *continued*

|                                        |                                                                                                                                                                                                                                                 |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Post-retirement death benefits:</b> |                                                                                                                                                                                                                                                 |
| 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. |
| <b>Forms of Benefit:</b>               |                                                                                                                                                                                                                                                 |
| 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                                                                                                                                                                                                                                       |
| Section 401(a)(17) limit:              | \$245,000                                                                                                                                                                                                                                       |

# Attachment to the 2010 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, 2010

| Year Established | Original Base | Present Value of Remaining Installments | Years Remaining | Shortfall Amortization Charge |
|------------------|---------------|-----------------------------------------|-----------------|-------------------------------|
| 2010             | \$6,691,834   | \$6,691,834                             | 7               | \$1,107,365                   |
| 2009             | 609,922       | 551,257                                 | 6               | 102,913                       |
| 2008             | 10,017,351    | 10,463,285                              | 13              | 1,116,744                     |
| <b>Total</b>     |               | <b>\$17,706,376</b>                     |                 | <b>\$2,327,022</b>            |

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.

# 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

| Age       | Years of Service |          |          |          |          |          |          |       |       |           |
|-----------|------------------|----------|----------|----------|----------|----------|----------|-------|-------|-----------|
|           | Less than 1      | 1-4      | 5-9      | 10-14    | 15-19    | 20-24    | 25-29    | 30-34 | 35-39 | 40 & Over |
| Under 25  | --               | 91       | 9        | --       | --       | --       | --       | --    | --    | --        |
| 25-29     | --               | \$27,252 | --       | --       | --       | --       | --       | --    | --    | --        |
|           | --               | 143      | 55       | 5        | --       | --       | --       | --    | --    | --        |
|           | --               | \$32,269 | \$40,544 | --       | --       | --       | --       | --    | --    | --        |
| 30-34     | --               | 103      | 68       | 20       | --       | --       | --       | --    | --    | --        |
|           | --               | \$38,328 | \$45,227 | \$54,247 | --       | --       | --       | --    | --    | --        |
| 35-39     | --               | 105      | 49       | 31       | 3        | --       | --       | --    | --    | --        |
|           | --               | \$47,966 | \$48,035 | \$50,743 | --       | --       | --       | --    | --    | --        |
| 40-44     | --               | 101      | 60       | 35       | 5        | 7        | --       | --    | --    | --        |
|           | --               | \$54,326 | \$62,451 | \$57,231 | --       | --       | --       | --    | --    | --        |
| 45-49     | --               | 97       | 50       | 28       | 9        | 21       | 9        | 1     | --    | --        |
|           | --               | \$54,129 | \$49,884 | \$50,641 | --       | \$69,211 | --       | --    | --    | --        |
| 50-54     | --               | 81       | 45       | 30       | 14       | 16       | 12       | 6     | --    | --        |
|           | --               | \$49,719 | \$59,304 | \$66,143 | --       | --       | --       | --    | --    | --        |
| 55-59     | --               | 65       | 51       | 15       | 11       | 17       | 14       | 8     | 1     | 1         |
|           | --               | \$50,522 | \$57,148 | --       | --       | --       | --       | --    | --    | --        |
| 60-64     | --               | 33       | 20       | 17       | 3        | 17       | 11       | --    | 1     | --        |
|           | --               | \$51,327 | \$60,644 | --       | --       | --       | --       | --    | --    | --        |
| 65-69     | --               | 6        | 9        | 4        | 2        | 2        | 1        | --    | --    | --        |
|           | --               | --       | --       | --       | --       | --       | --       | --    | --    | --        |
| 70 & Over | --               | 3        | 2        | 1        | 1        | --       | --       | --    | --    | --        |
|           | --               | --       | --       | --       | --       | --       | --       | --    | --    | --        |
| Total     | --               | 828      | 418      | 186      | 48       | 80       | 47       | 15    | 2     | 1         |
|           | --               | \$43,681 | \$51,394 | \$55,655 | \$62,621 | \$58,259 | \$72,321 | --    | --    | --        |

**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                     |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

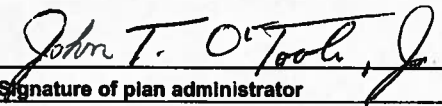
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning 11/30/2010 and ending 11/29/2011

- 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 Comex North America, Inc. Pension Plan  
(Formerly Comex Group, Inc. Pension Plan)**1b** Three-digit plan number (PN) ▶ 003**1c** Effective date of plan 11/30/1964**2a** Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
Comex Group, Inc.**2b** Employer Identification Number (EIN)  
51-0401657**2c** Sponsor's telephone number  
(303) 371-5600**2d** Business code (see instructions)  
3399005575 DTC Parkway, Suite 100Greenwood VillageCO 80111**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<br>HERE |  |      | John T. O'Toole                                              |
|              | Signature of plan administrator                                                     | Date | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                                                     |      |                                                              |
|              | Signature of employer/plan sponsor                                                  | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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

|                                                                                                 |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>SAME | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 30px; width: 100%;"></div> |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |       |
|-------------------------------------------------------------------------|----------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 2,833 |
|-------------------------------------------------------------------------|----------|-------|

|                                                                                                                                                |           |       |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).                         |           |       |
| <b>a</b> Active participants.....                                                                                                              | <b>6a</b> | 1,539 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                             | <b>6b</b> | 374   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                              | <b>6c</b> | 911   |
| <b>d</b> Subtotal. Add lines 6a, 6b, and 6c.....                                                                                               | <b>6d</b> | 2,824 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                      | <b>6e</b> | 49    |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                       | <b>6f</b> | 2,873 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | <b>6g</b> |       |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....     | <b>6h</b> | 167   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....            | <b>7</b>  |       |

**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:

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                        |
| (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

**Comex North America, Inc. Pension Plan  
(formerly Comex Group, Inc. Pension Plan)**

**Financial Statements and Supplemental  
Schedule to Accompany 2011 Form 5500  
Annual Report of Employee Benefit Plan  
Under ERISA of 1974  
For the Years Ended November 29, 2011 and 2010**

# **Comex North America, Inc. Pension Plan (formerly Comex Group, Inc. Pension Plan)**

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| <b>Supplemental Schedule*</b>                                                                                 |             |
| Schedule I, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)<br>November 29, 2011               | 14          |

\* 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.

**Report of Independent Accountants**

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

We were engaged to audit the financial statements and supplemental schedule of Comex North America, Inc. Pension Plan (formerly Comex Group, Inc. Pension Plan and Professional Paint, Inc. Pension Plan) (the "Plan") as of November 29, 2011 and 2010 and for the years then ended, as listed in the accompanying index. 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 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 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 and for the years ended November 29, 2011 and 2010, 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 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.

*Causey Demgen + Moore P.C.*

Denver, Colorado  
September 17, 2012

**Comex North America, Inc. Pension Plan  
(formerly Comex Group, Inc. Pension Plan)  
Statement of Net Assets Available for Benefits  
November 29, 2011 and 2010**

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|                                                | 2011                 | 2010                 |
|------------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                                  |                      |                      |
| Investments, at fair value (Notes 3, 7 and 10) |                      |                      |
| Mutual funds                                   | \$ 30,285,757        | \$ 21,061,436        |
| Proprietary funds – equities                   | 8,465,917            | 8,765,699            |
| Proprietary funds – fixed income               | 9,408,873            | 11,405,606           |
| Common funds – equities                        | 6,185,826            | 5,592,161            |
| Common funds – fixed income                    | --                   | 1,481,454            |
| Exchange traded funds                          | <u>522,878</u>       | <u>492,660</u>       |
| Total investments                              | <u>54,869,251</u>    | <u>48,799,016</u>    |
| Receivables                                    |                      |                      |
| Employer contributions                         | 2,606,400            | 2,618,000            |
| Interest and dividends                         | <u>49,457</u>        | <u>30,944</u>        |
| Total receivables                              | <u>2,655,857</u>     | <u>2,648,944</u>     |
| Total assets                                   | <u>57,525,108</u>    | <u>51,447,960</u>    |
| <b>Liabilities</b>                             |                      |                      |
| Accrued expenses                               | <u>293,991</u>       | <u>488,192</u>       |
| Total liabilities                              | <u>293,991</u>       | <u>488,192</u>       |
| Net assets available for benefits              | <u>\$ 57,231,117</u> | <u>\$ 50,959,768</u> |

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

**Comex North America, Inc. Pension Plan**  
**(formerly Comex Group, Inc. Pension Plan)**  
**Statement of Changes in Net Assets Available for Benefits**  
**Years Ended November 29, 2011 and 2010**

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|                                                                | 2011                 | 2010                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net appreciation in fair value of investments (Notes 7 and 10) | \$ 1,434,285         | \$ 4,346,658         |
| Interest and dividend income (Note 10)                         | <u>939,384</u>       | <u>757,189</u>       |
| Net investment income                                          | 2,373,669            | 5,103,847            |
| Employer contributions                                         | <u>6,292,804</u>     | <u>2,618,000</u>     |
| Total additions                                                | <u>8,666,473</u>     | <u>7,721,847</u>     |
| Benefits paid to participants and beneficiaries                | 2,074,104            | 1,805,073            |
| Administrative expenses                                        | <u>321,020</u>       | <u>375,374</u>       |
| Total deductions                                               | <u>2,395,124</u>     | <u>2,180,447</u>     |
| Net increase                                                   | 6,271,349            | 5,541,400            |
| Net assets available for benefits                              |                      |                      |
| Beginning of year                                              | <u>50,959,768</u>    | <u>45,418,368</u>    |
| End of year                                                    | <u>\$ 57,231,117</u> | <u>\$ 50,959,768</u> |

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

**Comex North America, Inc. Pension Plan  
(formerly Comex Group, Inc. Pension Plan)  
Notes to Financial Statements  
November 29, 2011 and 2010**

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**1. Description of Plan**

**General**

The following brief description of the Comex North America, Inc. Pension Plan (formerly Comex Group, Inc. Pension Plan and 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.

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.

**Comex North America, Inc. Pension Plan**  
**(formerly Comex Group, Inc. Pension Plan)**  
**Notes to Financial Statements**  
**November 29, 2011 and 2010**

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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 North America, Inc. Pension Plan  
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Notes to Financial Statements  
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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.

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

**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 and former Williams 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.

**Comex North America, Inc. Pension Plan  
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Notes to Financial Statements  
November 29, 2011 and 2010**

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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 schedule 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 2010 Statement of Changes in Net Assets Available for Benefits to be consistent with the 2011 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

**Comex North America, Inc. Pension Plan  
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Notes to Financial Statements  
November 29, 2011 and 2010**

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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, 2011 and 2010.

*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.

**Comex North America, Inc. Pension Plan**  
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**Notes to Financial Statements**  
**November 29, 2011 and 2010**

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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, 2011:

|                               | <u>Level 1</u>       | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>         |
|-------------------------------|----------------------|---------------------|----------------|----------------------|
| Mutual Funds:                 |                      |                     |                |                      |
| Money Market                  | \$ 1,069,746         | \$ --               | \$ --          | \$ 1,069,746         |
| Small Cap                     | 2,252,609            | --                  | --             | 2,252,609            |
| Mid Cap                       | 2,836,443            | --                  | --             | 2,836,443            |
| Large Cap                     | 11,213,181           | --                  | --             | 11,213,181           |
| Foreign                       | 4,528,671            | --                  | --             | 4,528,671            |
| Taxable Fixed Income: Bonds   | 8,385,107            | --                  | --             | 8,385,107            |
| Exchanged Traded Funds: Bonds | 522,878              | --                  | --             | 522,878              |
| Proprietary Funds:            |                      |                     |                |                      |
| Mid Cap                       | 2,263,184            | --                  | --             | 2,263,184            |
| Large Cap                     | 6,202,733            | --                  | --             | 6,202,733            |
| Bonds                         | 9,408,873            | --                  | --             | 9,408,873            |
| Common Funds: Equities        | --                   | 6,185,826           | --             | 6,185,826            |
|                               | <u>\$ 48,683,425</u> | <u>\$ 6,185,826</u> | <u>\$ --</u>   | <u>\$ 54,869,251</u> |

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> |

**Comex North America, Inc. Pension Plan**  
**(formerly Comex Group, Inc. Pension Plan)**  
**Notes to Financial Statements**  
**November 29, 2011 and 2010**

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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 2010 and 2009 actuarial present value of accumulated plan benefits were determined by Sibson Consulting 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):

|                                                       | <b>November 30,</b> |                  |
|-------------------------------------------------------|---------------------|------------------|
|                                                       | <b>2010</b>         | <b>2009</b>      |
| Vested benefits                                       |                     |                  |
| Active participants                                   | \$ 22,163           | \$ 20,051        |
| Retired participants and beneficiaries                | 16,517              | 13,669           |
| Terminated participants                               | 14,078              | 9,793            |
|                                                       | <u>52,758</u>       | <u>43,513</u>    |
| Non-vested benefits                                   | <u>2,751</u>        | <u>2,275</u>     |
| Total actuarial present value of accumulated benefits | <u>\$ 55,509</u>    | <u>\$ 45,788</u> |
| Net increase                                          | <u>\$ 9,721</u>     | <u>\$ 4,392</u>  |

The net increase is a result of the following changes:

|                                               |                 |                 |
|-----------------------------------------------|-----------------|-----------------|
| Benefits accumulated and actuarial experience | \$ 4,236        | \$ 2,457        |
| Changes in assumptions                        | 3,398           | -               |
| Benefits paid                                 | (1,805)         | (1,584)         |
| Interest due to decrease in discount period   | <u>3,892</u>    | <u>3,519</u>    |
| Total                                         | <u>\$ 9,721</u> | <u>\$ 4,392</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 (RP2000 separate annuitant and non-annuitant tables with static projection to 2017 and 2025, respectively, for 2010 and RP-2000 Combined Mortality Table for 2009); and investment return of 8.00% for 2010 and 8.75% for 2009 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 North America, Inc. Pension Plan  
(formerly Comex Group, Inc. Pension Plan)  
Notes to Financial Statements  
November 29, 2011 and 2010**

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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, 2011 and 2010. 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.

**Comex North America, Inc. Pension Plan**  
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**Notes to Financial Statements**  
**November 29, 2011 and 2010**

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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, 2011 and 2010 are comprised of the following:

|                                            | <u>November 29,</u> |                     |
|--------------------------------------------|---------------------|---------------------|
|                                            | <u>2011</u>         | <u>2010</u>         |
| Investments at Fair Value as Determined by |                     |                     |
| Quoted Market Price:                       |                     |                     |
| Proprietary funds                          | \$ 483,054          | \$ 743,732          |
| Common funds                               | 431,323             | 379,195             |
| Mutual funds                               | 416,768             | 3,115,115           |
|                                            | <u>\$ 1,331,145</u> | <u>\$ 4,238,042</u> |

The following individual investments exceeded 5% of net assets available for benefits as of November 29, 2011 and 2010:

|                                            | <u>November 29,</u> |              |
|--------------------------------------------|---------------------|--------------|
|                                            | <u>2011</u>         | <u>2010</u>  |
| Goldman Sachs Growth Opportunities Class I | \$ *                | \$ 3,402,492 |
| Harbor Capital Appreciation Institutional  | 6,156,631           | 4,364,697    |
| T Rowe Price Large-Cap Growth              | 5,056,550           | --           |
| Jensen Portfolio Class I                   | --                  | 4,380,058    |
| MFS Research International Fund Class I    | *                   | 2,864,291    |
| PIMCO Total Return                         | 7,334,246           | --           |
| Ridgeworth Mid Cap Value Equity Class I    | *                   | 2,918,553    |
| Ridgeworth Large Cap Value Equity I        | 6,202,733           | 5,847,146    |
| Ridgeworth Total Return Bond Class I       | 7,823,561           | 10,424,491   |
| SunTrust Retirement 500 Index Fund         | 6,185,826           | 5,592,161    |

\* 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, 2011, 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 2008.

**Comex North America, Inc. Pension Plan  
(formerly Comex Group, Inc. Pension Plan)  
Notes to Financial Statements  
November 29, 2011 and 2010**

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**9. Parties in Interest**

For the Plan year ended November 29, 2011 and 2010, \$136,211 and \$148,964, 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, 2011 and 2010 and net investment income for the years ended November 29, 2011 and 2010. In addition, the supplemental schedule (Schedule I) has been certified as complete and accurate by the Trustee.

**11. Subsequent event**

The Company has evaluated events subsequent to November 29, 2011 through September 17, 2012, 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 NORTH AMERICA, INC. (COMEX GROUP, INC. AND PROFESSIONAL PAINT, INC.) (EIN#51-0401657)

NOVEMBER 29, 2011

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    |
|--------------------------------------------------------------------|-----------|---------------|---------------|
| <b>Mutual Funds</b>                                                |           |               |               |
| Federated Prime Obligation                                         | 1,069,746 | \$ 1,069,746  | \$ 1,069,746  |
| Dreyfus Bostn Co Small Cap Growth Fund I                           | 21,010    | 862,063       | 1,132,036     |
| Goldman Sachs Growth Opportunities Class I                         | 120,341   | 2,411,899     | 2,836,443     |
| Harbor Capital Appreciation Institutional                          | 163,263   | 5,254,120     | 6,156,631     |
| T Rowe Price Large-Cap Growth                                      | 308,514   | 4,985,385     | 5,056,550     |
| Janus Perkins Small Co Value Class I                               | 48,615    | 980,639       | 1,120,573     |
| Legg Mason Emerging Markets Institutional Class                    | 85,430    | 1,549,085     | 1,689,806     |
| MFS Research International Fund Class I                            | 198,106   | 2,488,991     | 2,838,865     |
| PIMCO Low Duration                                                 | 102,025   | 1,071,204     | 1,050,861     |
| PIMCO Total Return                                                 | 680,357   | 7,376,338     | 7,334,246     |
| TOTAL MUTUAL FUNDS                                                 |           | \$ 28,049,470 | \$ 30,285,757 |
| <b>Proprietary Funds - SunTrust Equity</b>                         |           |               |               |
| * Ridgeworth Mid Cap Value Equity Class I                          | 208,588   | \$ 2,142,786  | \$ 2,263,184  |
| * Ridgeworth Large Cap Value Equity I                              | 504,698   | 6,512,608     | 6,202,733     |
| TOTAL PROPRIETARY FUNDS - SUNTRUST EQUITY                          |           | \$ 8,655,394  | \$ 8,465,917  |
| <b>Proprietary Funds - SunTrust Fixed Income</b>                   |           |               |               |
| * Ridgeworth High Income Fund Class I                              | 242,402   | \$ 1,600,820  | \$ 1,585,312  |
| * Ridgeworth Total Return Bond Fund Class I                        | 712,528   | 7,363,798     | 7,823,561     |
| TOTAL PROPRIETARY FUNDS - SUNTRUST FIXED INCOME                    |           | \$ 8,964,618  | \$ 9,408,873  |
| <b>Common Funds - Equities</b>                                     |           |               |               |
| * SunTrust Retirement 500 Index Fund                               | 561,883   | 5,880,078     | 6,185,826     |
| TOTAL COMMON FUNDS - EQUITIES                                      |           | \$ 5,880,078  | \$ 6,185,826  |
| <b>Exchange Traded Funds</b>                                       |           |               |               |
| iShares Barclays Treasury Inflation Protected Securities Bond Fund | 4,479     | \$ 477,461    | \$ 522,878    |
| <b>Total investments</b>                                           |           | \$ 52,027,021 | \$ 54,869,251 |

- \* 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 NORTH AMERICA, INC. (COMEX GROUP, INC. AND PROFESSIONAL PAINT, INC.) (EIN#51-0401657)  
 NOVEMBER 29, 2011  
 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           |
|--------------------------------------------------------------------|-----------|----------------------|----------------------|
| <b>Mutual Funds</b>                                                |           |                      |                      |
| Federated Prime Obligation                                         | 1,069,746 | \$ 1,069,746         | \$ 1,069,746         |
| Dreyfus Bostn Co Small Cap Growth Fund I                           | 21,010    | 862,063              | 1,132,036            |
| Goldman Sachs Growth Opportunities Class I                         | 120,341   | 2,411,899            | 2,836,443            |
| Harbor Capital Appreciation Institutional                          | 163,263   | 5,254,120            | 6,156,631            |
| T Rowe Price Large-Cap Growth                                      | 308,514   | 4,985,385            | 5,056,550            |
| Janus Perkins Small Co Value Class I                               | 48,615    | 980,639              | 1,120,573            |
| Legg Mason Emerging Markets Institutional Class                    | 85,430    | 1,549,085            | 1,689,806            |
| MFS Research International Fund Class I                            | 198,106   | 2,488,991            | 2,838,865            |
| PIMCO Low Duration                                                 | 102,025   | 1,071,204            | 1,050,861            |
| PIMCO Total Return                                                 | 680,357   | 7,376,338            | 7,334,246            |
| <b>TOTAL MUTUAL FUNDS</b>                                          |           | <b>\$ 28,049,470</b> | <b>\$ 30,285,757</b> |
| <b>Proprietary Funds - SunTrust Equity</b>                         |           |                      |                      |
| * Ridgeworth Mid Cap Value Equity Class I                          | 208,588   | \$ 2,142,786         | \$ 2,263,184         |
| * Ridgeworth Large Cap Value Equity I                              | 504,698   | 6,512,608            | 6,202,733            |
| <b>TOTAL PROPRIETARY FUNDS - SUNTRUST EQUITY</b>                   |           | <b>\$ 8,655,394</b>  | <b>\$ 8,465,917</b>  |
| <b>Proprietary Funds - SunTrust Fixed Income</b>                   |           |                      |                      |
| * Ridgeworth High Income Fund Class I                              | 242,402   | \$ 1,600,820         | \$ 1,585,312         |
| * Ridgeworth Total Return Bond Fund Class I                        | 712,528   | 7,363,798            | 7,823,561            |
| <b>TOTAL PROPRIETARY FUNDS - SUNTRUST FIXED INCOME</b>             |           | <b>\$ 8,964,618</b>  | <b>\$ 9,408,873</b>  |
| <b>Common Funds - Equities</b>                                     |           |                      |                      |
| * SunTrust Retirement 500 Index Fund                               | 561,883   | 5,880,078            | 6,185,826            |
| <b>TOTAL COMMON FUNDS - EQUITIES</b>                               |           | <b>\$ 5,880,078</b>  | <b>\$ 6,185,826</b>  |
| <b>Exchange Traded Funds</b>                                       |           |                      |                      |
| iShares Barclays Treasury Inflation Protected Securities Bond Fund | 4,479     | \$ 477,461           | \$ 522,878           |
| <b>Total investments</b>                                           |           | <b>\$ 52,027,021</b> | <b>\$ 54,869,251</b> |

- \* 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.