| Form 5500   | Annual Return/Report of Employee Benefit Plan   | OMB Nos. 1210-0110<br>1210-0089                          |  |  |
|---|---|--|--|--|
| Department of the Treasury<br>Internal Revenue Service              | 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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). |  |  |  |
| Department of Labor<br>Employee Benefits Security<br>Administration | Complete all entries in accordance with<br>the instructions to the Form 5500.   | 2011   |  |  |
| Pension Benefit Guaranty Corporation                                |   | This Form is Open to Public<br>Inspection                |  |  |
| Part I Annual Report Ide  | ntification Information   |  |  |  |
| For calendar plan year 2011 or fisca                                | plan year beginning 01/01/2011 and ending 12/31/  | 2011   |  |  |
| A This return/report is for:  | a multiemployer plan; a multiple-employer plan; or  |  |  |  |
| ·   | 🛛 a single-employer plan;   |  |  |  |
| <b>B</b> This return/report is:                                     | the first return/report; the final return/report;   |  |  |  |
| ·   | an amended return/report; a short plan year return/report (less t   | han 12 months).  |  |  |
| <b>C</b> . If the plan is a collectively-bargai                     | ned plan, check here.   | ъП   |  |  |
|   |   |  |  |  |
| <b>D</b> Check box if filing under:                                 | Form 5558; automatic extension;   | the DFVC program;  |  |  |
|   | special extension (enter description)   |  |  |  |
| Part II Basic Plan Infor  | mation—enter all requested information  |  |  |  |
| <b>1a</b> Name of plan<br>ASCENTIUM 401(K) PLAN                     |   | <b>1b</b> Three-digit plan<br>number (PN) ►              |  |  |
| × /   |   | <b>1c</b> Effective date of plan 01/01/2002              |  |  |
| 2a Plan sponsor's name and addre                                    | ss, including room or suite number (Employer, if for single-employer plan)  | 2b Employer Identification<br>Number (EIN)<br>91-2105883 |  |  |
|   |   | <b>2c</b> Sponsor's telephone<br>number<br>425-519-7787  |  |  |
| 10500 NE 8TH STREET<br>SUITE 1300<br>BELLEVUE, WA 98004             | 10500 NE 8TH STREET<br>SUITE 1300<br>BELLEVUE, WA 98004   | <b>2d</b> Business code (see<br>instructions)<br>541512  |  |  |
|   |   |  |  |  |

#### 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 | Filed with authorized/valid electronic signature. | 10/05/2012 | SOPHIA LU  |
|--------------|---|------------|--|
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |   |            |  |
| NEKE         | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |   |            |  |
| HERE         | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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Page 2

|    | Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>CENTIUM CORPORATION  |     | ministrator's EIN<br>-2105883                   |
|----|---|-----|---|
| SL | 500 NE 8TH STREET<br>IITE 1300<br>LLEVUE, WA 98004  |     | ministrator's telephone<br>mber<br>425-519-7787 |
|    |   |     |   |
| 4  | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report: | and | 4b EIN  |
| а  | Sponsor's name  |     | <b>4c</b> PN                                    |
| 5  | Total number of participants at the beginning of the plan year  | 5   | 429   |
| 6  | Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).   |     |   |
| а  | Active participants   | 6a  | 145   |
| b  | Retired or separated participants receiving benefits  | 6b  | 0   |
| С  | Other retired or separated participants entitled to future benefits   | 6c  | 182   |
| d  | Subtotal. Add lines 6a, 6b, and 6c  | 6d  | 327   |
| е  | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits   | 6e  | 0   |
| f  | Total. Add lines 6d and 6e  | 6f  | 327   |
| g  | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  | 6g  | 247   |
| h  | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested  | 6h  | 2   |
| 7  | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)   | 7   |   |

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

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

| 9a | Plan fu  | arrangement (check all that apply) | 9b  | Plan bene | efit    | arrangement (check all that apply) |  |
|----|--|------------------------------------|---|-----------|---------|------------------------------------|--|
|    | (1)  |                                    | Insurance   |           | (1)     |                                    | Insurance                                  |
|    | (2)  |                                    | Code section 412(e)(3) insurance contracts                |           | (2)     |                                    | Code section 412(e)(3) insurance contracts |
|    | (3)  | X                                  | Trust   |           | (3)     | Х                                  | Trust                                      |
|    | (4)  |                                    | General assets of the sponsor                             |           | (4)     |                                    | General assets of the sponsor              |
| 10 | 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) |                                    |   |           |         |                                    |  |
| а  | Pensic   | on Sc                              | hedules   | b         | General | Sc                                 | hedules                                    |
|    | (1)  | ×                                  | R (Retirement Plan Information)                           |           | (1)     | X                                  | H (Financial Information)                  |
|    | (2)  | Π                                  | MB (Multiemployer Defined Benefit Plan and Certain Money  |           | (2)     | Π                                  | I (Financial Information – Small Plan)     |
|    |  |                                    | Purchase Plan Actuarial Information) - signed by the plan |           | (3)     |                                    | A (Insurance Information)                  |
|    |  |                                    | actuary   |           | (4)     | Х                                  | C (Service Provider Information)           |
|    | (3)  | Π                                  | SB (Single-Employer Defined Benefit Plan Actuarial        |           | (5)     |                                    | D (DFE/Participating Plan Information)     |
|    |  |                                    | Information) - signed by the plan actuary                 |           | (6)     |                                    | G (Financial Transaction Schedules)        |

| SCHEDULE C   | Service Provider   | Information   | ON   | MB No. 1210-0110  |
|--|--|---|--|---|
| (Form 5500)  |  |   | 2011   |   |
| Department of the Treasury<br>Internal Revenue Service   | This schedule is required to be filed und<br>Retirement Income Security A  | 2011  |  |   |
| Department of Labor<br>Employee Benefits Security Administration   | ► File as an attachmen   | t to Form 5500.   | This Form is Open to Public<br>Inspection.                                     |   |
| Pension Benefit Guaranty Corporation<br>For calendar plan year 2011 or fiscal p  | blan vear beginning 01/01/2011   | and ending 12/31  | 1/2011   |   |
| A Name of plan<br>ASCENTIUM 401(K) PLAN  |  | B Three-digit<br>plan number (PN)   | •  | 001   |
| Plan sponsor's name as shown on<br>ASCENTIUM CORPORATION   | line 2a of Form 5500   | D Employer Identificati<br>91-2105883   | ion Number (E  | IN)   |
| Part I Service Provider In   | formation (see instructions)   |   |  |   |
| or more in total compensation (i.e., plan during the plan year. If a pers  | cordance with the instructions, to report the info<br>money or anything else of monetary value) in o<br>on received <b>only</b> eligible indirect compensatior<br>o include that person when completing the rem  | connection with services rendered to<br>n for which the plan received the requ  | the plan or th   | e person's position with th   |
| or more in total compensation (i.e.,<br>plan during the plan year. If a pers<br>answer line 1 but are not required t<br>I Information on Persons R<br>Check "Yes" or "No" to indicate whe<br>indirect compensation for which the<br>D If you answered line 1a "Yes," ent   | money or anything else of monetary value) in o on received <b>only</b> eligible indirect compensation  | connection with services rendered to<br>n for which the plan received the requirainder of this Part.<br><b>Densation</b><br>ainder of this Part because they rece<br>structions for definitions and condition<br>n providing the required disclosures   | o the plan or th<br>uired disclosur<br>vived only eligit                       | ble   |
| or more in total compensation (i.e.,<br>plan during the plan year. If a pers<br>answer line 1 but are not required t<br>I Information on Persons R<br>Check "Yes" or "No" to indicate whe<br>indirect compensation for which the<br>I f you answered line 1a "Yes," ent<br>received only eligible indirect comp                                | money or anything else of monetary value) in o<br>on received <b>only</b> eligible indirect compensatior<br>o include that person when completing the rem<br><b>eceiving Only Eligible Indirect Com</b><br>ether you are excluding a person from the rema-<br>plan received the required disclosures (see in-<br>er the name and EIN or address of each person   | connection with services rendered to<br>n for which the plan received the require<br>ainder of this Part.<br><b>Tpensation</b><br>ainder of this Part because they rece<br>structions for definitions and condition<br>n providing the required disclosures<br>d (see instructions).  | b the plan or the uired disclosur  | ble   |
| or more in total compensation (i.e.,<br>plan during the plan year. If a pers<br>answer line 1 but are not required t<br>I Information on Persons R<br>Check "Yes" or "No" to indicate whe<br>indirect compensation for which the<br>I f you answered line 1a "Yes," ent<br>received only eligible indirect comp                                | money or anything else of monetary value) in o<br>on received <b>only</b> eligible indirect compensation<br>o include that person when completing the rem<br><b>eceiving Only Eligible Indirect Com</b><br>ether you are excluding a person from the rema<br>o plan received the required disclosures (see in<br>er the name and EIN or address of each person<br>ensation. Complete as many entries as neede  | connection with services rendered to<br>n for which the plan received the require<br>ainder of this Part.<br><b>Tpensation</b><br>ainder of this Part because they rece<br>structions for definitions and condition<br>n providing the required disclosures<br>d (see instructions).  | b the plan or the uired disclosur  | ble   |
| or more in total compensation (i.e.,<br>plan during the plan year. If a pers<br>answer line 1 but are not required t<br>I Information on Persons R<br>Check "Yes" or "No" to indicate whe<br>indirect compensation for which the<br>O If you answered line 1a "Yes," ent<br>received only eligible indirect comp<br>(b) Enter r                | money or anything else of monetary value) in o<br>on received <b>only</b> eligible indirect compensation<br>o include that person when completing the rem<br><b>eceiving Only Eligible Indirect Com</b><br>ether you are excluding a person from the rema<br>o plan received the required disclosures (see in<br>er the name and EIN or address of each person<br>ensation. Complete as many entries as neede  | connection with services rendered to<br>n for which the plan received the require<br>ainder of this Part.<br><b>ainder of this Part because they rece</b><br>structions for definitions and condition<br>n providing the required disclosures<br>d (see instructions).<br>led you disclosures on eligible indirection<br>of the second | b the plan or the uired disclosur  | e person's position with th<br>res, you are required to<br>ble<br>Yes No<br>e providers who<br>on |
| or more in total compensation (i.e.,<br>plan during the plan year. If a pers<br>answer line 1 but are not required t<br>I Information on Persons R<br>Check "Yes" or "No" to indicate whe<br>indirect compensation for which the<br>O If you answered line 1a "Yes," ent<br>received only eligible indirect comp<br>(b) Enter r                | money or anything else of monetary value) in o<br>on received <b>only</b> eligible indirect compensatior<br>o include that person when completing the rem<br><b>eceiving Only Eligible Indirect Com</b><br>ether you are excluding a person from the rema<br>e plan received the required disclosures (see in-<br>er the name and EIN or address of each person<br>ensation. Complete as many entries as neede | connection with services rendered to<br>n for which the plan received the require<br>ainder of this Part.<br><b>ainder of this Part because they rece</b><br>structions for definitions and condition<br>n providing the required disclosures<br>d (see instructions).<br>led you disclosures on eligible indirection<br>of the second | b the plan or the uired disclosur  | e person's position with th<br>res, you are required to<br>ble<br>Yes No<br>e providers who<br>on |
| or more in total compensation (i.e.,<br>plan during the plan year. If a pers<br>answer line 1 but are not required t<br>I Information on Persons R<br>Check "Yes" or "No" to indicate whe<br>indirect compensation for which the<br>o If you answered line 1a "Yes," ent<br>received only eligible indirect comp<br>(b) Enter n<br>(b) Enter n | money or anything else of monetary value) in o<br>on received <b>only</b> eligible indirect compensatior<br>o include that person when completing the rem<br><b>eceiving Only Eligible Indirect Com</b><br>ether you are excluding a person from the rema<br>e plan received the required disclosures (see in-<br>er the name and EIN or address of each person<br>ensation. Complete as many entries as neede | connection with services rendered to<br>n for which the plan received the required<br>ainder of this Part.<br><b>Dpensation</b><br>ainder of this Part because they rece<br>structions for definitions and condition<br>in providing the required disclosures<br>d (see instructions).<br>led you disclosures on eligible indirect<br>led you disclosure on eligible indirect   | the plan or the uired disclosured disclosured only eligited only eligited ons) | e person's position with th<br>res, you are required to<br>ble<br>Yes No<br>e providers who<br>on |

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

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

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

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| Page 3 · | - 1 |
|----------|-----|
|----------|-----|

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 instructi |
|--|
|--|

FIDELITY INVESTMENTS INSTITUTIONAL

#### 04-2647786

|                    | T                                  | 1  | 1  |   |  | -   |
|--------------------|------------------------------------|--|--|---|--|---|
| (b)                | (c)                                | (d)  | (e)                                      | (f)   | (g)  | (h)   |
| Service<br>Code(s) | Relationship to employer, employee | Enter direct<br>compensation paid<br>by the plan. If none, | Did service provider<br>receive indirect | Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | 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 | Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
| 64 37 65           | RECORDKEEPER                       | 9830   | Yes 🕺 No 🗌                               | Yes 🕺 No 🗌  | 0  | Yes 🗙 No 🗌  |
|                    |                                    |  |  |   |  |   |
|                    |                                    | (  | <b>a)</b> Enter name and EIN or          | address (see instructions)  |  |   |
|                    |                                    |  |  |   |  |   |

| (b)                | (c)  | (d)  | (e)   | (f)   | (g)  | (h)  |  |  |  |
|--------------------|--|--|---|---|--|--|--|--|--|
| Service<br>Code(s) | Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0 | Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | 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 | Did the service<br>provider give you a<br>formula instead of<br>an amount or |  |  |  |
|                    |  |  | Yes 🗌 No 🗌  | Yes 🗌 No 🗌  |  | Yes 🗌 No 🗍   |  |  |  |
|                    | (a) Enter name and EIN or address (see instructions)   |  |   |   |  |  |  |  |  |

| <b>(b)</b><br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | plan received the required | (g)<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 |            |
|----------------------------------|---|---|----------------------------|---|------------|
|                                  |   | Yes 🗌 No 🗌  | Yes 🗌 No 🗌                 |   | Yes 🗌 No 🗍 |

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)  |   |  |  |   |  |  |  |
|----------------------------------|---|---|--|--|---|--|--|--|
|                                  |   |   |  |  |   |  |  |  |
| <b>(b)</b><br>Service<br>Code(s) | (C)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0 | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<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 | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |  |  |
|                                  |   |   | Yes 🗌 No 🗌   | Yes 🗌 No 🗌   |   | Yes No   |  |  |
|                                  |   | (   | a) Enter name and EIN or   | address (see instructions)   |   |  |  |  |
|                                  |   |   |  |  | -   |  |  |  |
| (b)<br>Service<br>Code(s)        | (C)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0 | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<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 | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |  |  |
|                                  |   |   | Yes 🗌 No 🗌   | Yes 🗌 No 🗌   |   | Yes 🗌 No 🗌   |  |  |
|                                  |   | (   | a) Enter name and EIN or   | address (see instructions)   |   |  |  |  |
|                                  |   |   |  |  |   |  |  |  |
| <b>(b)</b><br>Service<br>Code(s) | (C)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0 | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<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 | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |  |  |
|                                  |   |   | Yes 🗌 No 🗌   | Yes 🗌 No 🗍   |   | Yes 🗌 No 🗌   |  |  |

### Part I Service Provider Information (continued)

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

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

Page **5-** 1

| P | Part II Service Providers Who Fail or Refuse to Provide Information  |   |                                     |   |  |  |  |  |
|---|--|---|-------------------------------------|---|--|--|--|--|
| 4 | 4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule. |   |                                     |   |  |  |  |  |
|   | (a) Enter na   | me and EIN or address of service provider (see<br>instructions) | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |
|   | (a) Enter na   | me and EIN or address of service provider (see instructions)    | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |
|   | (a) Enter na   | me and EIN or address of service provider (see instructions)    | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |
|   | (a) Enter na   | me and EIN or address of service provider (see instructions)    | (b) Nature of<br>Service            | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |
|   | (a) Enter na   | me and EIN or address of service provider (see                  | (b) Nature of                       | (C) Describe the information that the service provider failed or refused to         |  |  |  |  |
|   |  | instructions)   | Service<br>Code(s)                  | provide   |  |  |  |  |
|   | (a) Enter na   | me and EIN or address of service provider (see instructions)    | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |

| Pa  | rt III   | Termination Information on Accountants and Enroller<br>(complete as many entries as needed) | d Actuaries (see instructions) |
|-----|----------|---|--------------------------------|
| а   | Name     |   | <b>b</b> EIN:                  |
| С   | Positic  | on:   |                                |
| d   | Addre    | SS:   | e Telephone:                   |
|     |          |   |                                |
|     |          |   |                                |
| Exp | olanatio | n:  |                                |
|     |          |   |                                |
|     |          |   |                                |
|     |          |   |                                |

| а | Name:     | <b>b</b> EIN: |
|---|-----------|---------------|
| С | Position: |               |
| d | Address:  | e Telephone:  |
|   |           |               |
|   |           |               |
|   |           |               |

Explanation:

| а | Name:     | <b>b</b> EIN: |
|---|-----------|---------------|
| С | Position: |               |
| d | Address:  | e Telephone:  |
|   |           |               |
|   |           |               |
|   |           |               |
| - |           |               |

Explanation:

| а | Name:     | b EIN:       |
|---|-----------|--------------|
| С | Position: |              |
| d | Address:  | e Telephone: |
|   |           |              |
|   |           |              |
|   |           |              |

Explanation:

| а | Name:     | <b>b</b> EIN:       |
|---|-----------|---------------------|
| С | Position: |                     |
| d | Address:  | <b>e</b> Telephone: |

Explanation:

| SCHEDULE H  | Financial In   | formatio                                       | on                                    |                                       |                             | OMB No. 1210                       | 0-0110                    |
|---|--|--|---------------------------------------|---------------------------------------|-----------------------------|------------------------------------|---------------------------|
| (Form 5500)<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor                                | This schedule is required to be filed under section 104 of the Employee<br>Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the<br>Internal Revenue Code (the Code).   |  |                                       |                                       | 2011                        |                                    |                           |
| Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation   |  |  |                                       |                                       |                             | Form is Oper<br>Inspectio          |                           |
| For calendar plan year 2011 or fiscal pl  | an year beginning 01/01/2011   |  | and                                   | ending 12/3                           | 1/2011                      |                                    | 1                         |
| A Name of plan<br>ASCENTIUM 401(K) PLAN   |  |  |                                       | B Three-di<br>plan nur                | git<br>nber (PN)            | •                                  | 001                       |
| C Plan sponsor's name as shown on I<br>ASCENTIUM CORPORATION  | ine 2a of Form 5500  |  |                                       | D Employer<br>91-21058                |                             | ion Number (E                      | EIN)                      |
| Part I Asset and Liability  | Statement  |  |                                       | •                                     |                             |                                    |                           |
| the value of the plan's interest in a<br>lines 1c(9) through 1c(14). Do not e<br>benefit at a future date. <b>Round off</b> | bilities at the beginning and end of the plan<br>commingled fund containing the assets of m<br>enter the value of that portion of an insuranc<br><b>amounts to the nearest dollar.</b> MTIAs, Co<br>is also do not complete lines 1d and 1e. See | nore than one<br>e contract wh<br>CTs, PSAs, a | plan on a<br>nich guarar<br>nd 103-12 | line-by-line bas<br>itees, during thi | is unless tl<br>is plan yea | he value is rej<br>r, to pay a spe | portable on ecific dollar |
| As  | sets   |  | <b>(a)</b> B                          | eginning of Yea                       | ar                          | <b>(b)</b> End                     | of Year                   |
| a Total noninterest-bearing cash  |  | 1a   |                                       |                                       |                             |                                    |                           |
| <b>b</b> Receivables (less allowance for do   | ubtful accounts):  |  |                                       |                                       |                             |                                    |                           |
| (1) Employer contributions  |  | 1b(1)  |                                       |                                       |                             |                                    |                           |
| (2) Participant contributions   |  | 1b(2)  |                                       |                                       |                             |                                    |                           |
| (3) Other   |  | 1b(3)  |                                       |                                       |                             |                                    |                           |
|   | money market accounts & certificates   | 1c(1)  |                                       | Ę                                     | 572724                      |                                    | 411250                    |
| (2) U.S. Government securities  |  | 1c(2)  |                                       |                                       |                             |                                    |                           |
| (3) Corporate debt instruments (o   | ther than employer securities):  |  |                                       |                                       |                             |                                    |                           |
|   |  | 1c(3)(A)                                       |                                       |                                       |                             |                                    |                           |
| (B) All other   |  | 1c(3)(B)                                       |                                       |                                       |                             |                                    |                           |
| (4) Corporate stocks (other than e  |  |  |                                       |                                       |                             |                                    |                           |
| (A) Preferred   |  | 1c(4)(A)                                       |                                       |                                       |                             |                                    |                           |
|   |  | 1c(4)(B)                                       |                                       |                                       |                             |                                    |                           |
| . ,   | ests   | 1c(5)  |                                       |                                       |                             |                                    |                           |
|   | /er real property)   | 1c(6)  |                                       |                                       |                             |                                    |                           |
|   | nts)   | 1c(7)  |                                       |                                       |                             |                                    |                           |
|   |  | 1c(8)  |                                       |                                       | 38958                       |                                    | 29368                     |
|   | ollective trusts   | 1c(9)  |                                       |                                       |                             |                                    |                           |
|   |  | 1c(10)   |                                       |                                       |                             |                                    |                           |
|   | arate accounts   | 1c(11)   |                                       |                                       |                             |                                    |                           |
|   | estment entities   | 1c(12)   |                                       |                                       |                             |                                    |                           |
| (13) Value of interest in registered  | investment companies (e.g., mutual   | 1c(13)   |                                       | 78                                    | 320570                      |                                    | 6960150                   |
|   | ce company general account (unallocated  | 1c(14)   |                                       |                                       |                             |                                    |                           |
| (15) Other  |  | 1c(15)   |                                       |                                       |                             |                                    |                           |

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

| 1d | Employer-related investments:                             |       | (a) Beginning of Year | (b) End of Year |
|----|---|-------|-----------------------|-----------------|
|    | (1) Employer securities                                   | 1d(1) |                       |                 |
|    | (2) Employer real property                                | 1d(2) |                       |                 |
| е  | Buildings and other property used in plan operation       | 1e    |                       |                 |
| f  | Total assets (add all amounts in lines 1a through 1e)     | 1f    | 8432252               | 7400768         |
|    | Liabilities   |       |                       |                 |
| g  | Benefit claims payable                                    | 1g    |                       |                 |
| h  | Operating payables  | 1h    |                       |                 |
| i  | Acquisition indebtedness                                  | 1i    |                       |                 |
| j  | Other liabilities   | 1j    |                       |                 |
| k  | Total liabilities (add all amounts in lines 1g through1j) | 1k    | 0                     | 0               |
|    | Net Assets  |       |                       |                 |
| I  | Net assets (subtract line 1k from line 1f)                | 11    | 8432252               | 7400768         |
|    |   |       |                       |                 |

# Part II Income and Expense Statement

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

|   | Income  |            | (a) Amount | <b>(b)</b> Total |
|---|---|------------|------------|------------------|
| а | Contributions:  |            |            |                  |
|   | (1) Received or receivable in cash from: (A) Employers                                  | 2a(1)(A)   |            |                  |
|   | (B) Participants  | 2a(1)(B)   | 843511     |                  |
|   | (C) Others (including rollovers)  | 2a(1)(C)   | 74445      |                  |
|   | (2) Noncash contributions   | 2a(2)      |            |                  |
|   | (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)                   | 2a(3)      |            | 917956           |
| b | Earnings on investments:  |            |            |                  |
|   | (1) Interest:   |            |            |                  |
|   | (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A)   | 47         |                  |
|   | (B) U.S. Government securities  | 2b(1)(B)   |            |                  |
|   | (C) Corporate debt instruments  | 2b(1)(C)   |            |                  |
|   | (D) Loans (other than to participants)  | 2b(1)(D)   |            |                  |
|   | (E) Participant loans   | 2b(1)(E)   | 2144       |                  |
|   | (F) Other   | _ 2b(1)(F) |            |                  |
|   | (G) Total interest. Add lines 2b(1)(A) through (F)                                      | 2b(1)(G)   |            | 2191             |
|   | (2) Dividends: (A) Preferred stock  | 2b(2)(A)   |            |                  |
|   | (B) Common stock  | 2b(2)(B)   |            |                  |
|   | (C) Registered investment company shares (e.g. mutual funds)                            | 2b(2)(C)   | 185033     |                  |
|   | (D) Total dividends. Add lines 2b(2)(A), (B), and (C)                                   | 2b(2)(D)   |            | 185033           |
|   | (3) Rents   | 2b(3)      |            |                  |
|   | (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds                           | 2b(4)(A)   |            |                  |
|   | (B) Aggregate carrying amount (see instructions)  | 2b(4)(B)   |            |                  |
|   | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result                          | 2b(4)(C)   |            |                  |

|            |   |               | (a) Amount                       | (b) Total                          |
|------------|---|---------------|----------------------------------|------------------------------------|
| 2b         | (5) Unrealized appreciation (depreciation) of assets: (A) Real estate   | 2b(5)(A)      |                                  |                                    |
|            | (B) Other   | 2b(5)(B)      |                                  |                                    |
|            | (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B)  | 2b(5)(C)      |                                  |                                    |
|            | (6) Net investment gain (loss) from common/collective trusts  | 2b(6)         |                                  |                                    |
|            | (7) Net investment gain (loss) from pooled separate accounts  | 2b(7)         |                                  |                                    |
|            | (8) Net investment gain (loss) from master trust investment accounts  | 2b(8)         |                                  |                                    |
|            | (9) Net investment gain (loss) from 103-12 investment entities  | 2b(9)         |                                  |                                    |
| (          | (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)   | 2b(10)        |                                  | -375267                            |
| С          | Other income  | 2c            |                                  |                                    |
| d          | Total income. Add all income amounts in column (b) and enter total  | 2d            |                                  | 729913                             |
|            | Expenses  |               |                                  |                                    |
| е          | Benefit payment and payments to provide benefits:   |               |                                  |                                    |
|            | (1) Directly to participants or beneficiaries, including direct rollovers   | 2e(1)         | 1749496                          |                                    |
|            | (2) To insurance carriers for the provision of benefits   | 2e(2)         |                                  |                                    |
|            | (3) Other   | 2e(3)         |                                  |                                    |
|            | (4) Total benefit payments. Add lines 2e(1) through (3)   | 2e(4)         |                                  | 1749496                            |
|            | Corrective distributions (see instructions)   | 2f            |                                  | 1978                               |
|            | Certain deemed distributions of participant loans (see instructions)  | 2g            |                                  |                                    |
| U          | Interest expense  | 2h            |                                  |                                    |
|            | Administrative expenses: (1) Professional fees  | 2i(1)         |                                  |                                    |
|            | (2) Contract administrator fees   | 2i(2)         |                                  |                                    |
|            | (2) Investment advisory and management fees   | 2i(3)         |                                  |                                    |
|            | (4) Other   | 2i(4)         | 9923                             |                                    |
|            | <ul> <li>(4) Other</li> <li>(5) Total administrative expenses. Add lines 2i(1) through (4)</li> </ul>   | 2i(5)         | 0010                             | 9923                               |
| -          | Total expenses. Add all <b>expense</b> amounts in column (b) and enter total  | 2j            |                                  | 1761397                            |
| J          | Net Income and Reconciliation   | -,            |                                  |                                    |
| k          | Net income (loss). Subtract line <b>2j</b> from line <b>2d</b>  | 2k            |                                  | -1031484                           |
|            | Transfers of assets:  |               |                                  |                                    |
|            |   | 2l(1)         |                                  |                                    |
|            | (1) To this plan  | 21(1)         |                                  |                                    |
|            | (2) From this plan  | 21(2)         |                                  |                                    |
| Pa         | rt III Accountant's Opinion   |               |                                  |                                    |
|            | Complete lines 3a through 3c if the opinion of an independent qualified public accented.  | countant is   | attached to this Form 5500. Com  | plete line 3d if an opinion is not |
| <b>a</b> T | The attached opinion of an independent qualified public accountant for this plan i  | is (see instr | ructions):                       |                                    |
|            | (1) Unqualified (2) Qualified (3) X Disclaimer (4)  | Adverse       |                                  |                                    |
| <b>b</b> C | Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8  | 3 and/or 103  | 3-12(d)?                         | X Yes 🗌 No                         |
| CE         | Enter the name and EIN of the accountant (or accounting firm) below:  |               |                                  |                                    |
|            | (1) Name: MOSS ADAMS  |               | (2) EIN: 91-0189318              |                                    |
| <b>d</b> ⊤ | The opinion of an independent qualified public accountant is <b>not attached</b> becau<br>(1) This form is filed for a CCT, PSA, or MTIA. (2) I It will be attached |               | ext Form 5500 pursuant to 29 CFF | 2520.104-50.                       |

Page **4-** 1

| Ра | rt IV                   | Compliance Questions  |         |            |                 |                 |             |
|----|-------------------------|---|---------|------------|-----------------|-----------------|-------------|
| 4  |                         | and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 42 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.   | 4f, 4g, | 4h, 4k, 4  | m, 4n, or 5.    |                 |             |
|    | During                  | the plan year:  |         | Yes        | No              | Amo             | unt         |
| а  | period                  | nere a failure to transmit to the plan any participant contributions within the time<br>described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures<br>ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)          | 4a      |            | X               |                 |             |
| b  | Were<br>close<br>secure | any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ad by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.). | 4b      |            | x               |                 |             |
| С  | Were                    | any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)  | 4c      |            | X               |                 |             |
| d  | Were<br>reporte         | there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)  | 4d      |            | x               |                 |             |
| е  | Was tl                  | nis plan covered by a fidelity bond?  | 4e      | Х          |                 |                 | 500000      |
| f  | Did the                 | e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused<br>ud or dishonesty?   | 4f      |            | X               |                 |             |
| g  |                         | e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?   | 4g      |            | X               |                 |             |
| h  |                         | e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?  | 4h      |            | X               |                 |             |
| i  |                         | e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked,<br>ee instructions for format requirements.)   | 4i      | Х          |                 |                 |             |
| j  | value                   | any plan transactions or series of transactions in excess of 5% of the current<br>of plan assets? (Attach schedule of transactions if "Yes" is checked, and<br>structions for format requirements.)   | 4j      |            | X               |                 |             |
| k  |                         | all the plan assets either distributed to participants or beneficiaries, transferred to another<br>or brought under the control of the PBGC?  | 4k      |            | X               |                 |             |
| Ι  | Has th                  | e plan failed to provide any benefit when due under the plan?   | 41      |            | X               |                 |             |
| m  |                         | is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)  | 4m      |            | X               |                 |             |
| n  |                         | was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.   | 4n      |            | X               |                 |             |
| 5a |                         | esolution to terminate the plan been adopted during the plan year or any prior plan year?<br>," enter the amount of any plan assets that reverted to the employer this year   | Yes     | s 🗙 No     | Amount:         |                 |             |
| 5b | transfe                 | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)  | , ident | fy the pla | n(s) to which a | assets or liabi | lities were |
|    | 5b(1)                   | Name of plan(s)   |         |            | 5b(2) EIN(s)    |                 | 5b(3) PN(s) |
|    |                         |   |         |            |                 |                 |             |
|    |                         |   |         |            |                 |                 |             |
|    |                         |   |         |            |                 |                 |             |
|    |                         |   |         |            |                 |                 |             |

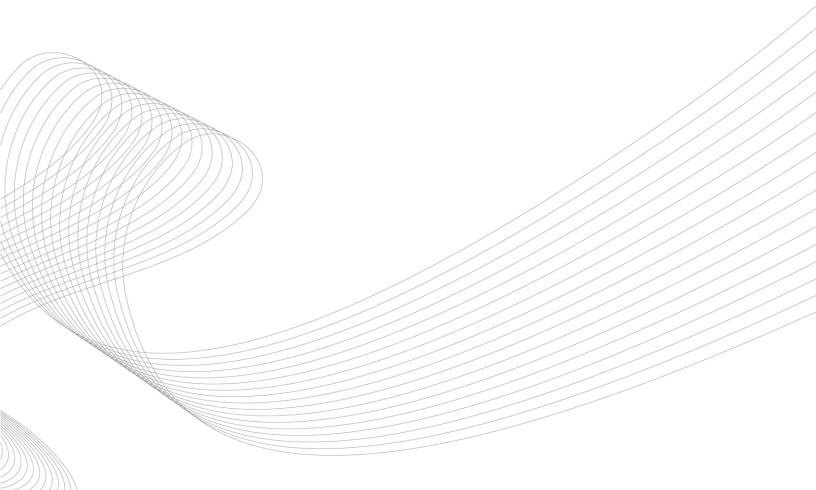
|             | SC                    | HEDULE R   | Retirem  | nent Plan Informa  | tion          |                      |                    | OMB No. 1210-0110           |           |         |              |     |
|-------------|-----------------------|--|--|--|---------------|----------------------|--------------------|-----------------------------|-----------|---------|--------------|-----|
|             | (F                    | orm 5500)  | This askedule is require   | d to be filed under costion 10                                     | 1 and 1005    | of the               |                    |                             | 201       | 1       |              |     |
|             |                       | tment of the Treasury<br>nal Revenue Service         | Employee Retirement In   | ed to be filed under section 10<br>come Security Act of 1974 (E    | RISA) and s   |                      |                    |                             |           |         |              |     |
| E           |                       | epartment of Labor<br>nefits Security Administration |  | e Internal Revenue Code (the                                       | ,             |                      |                    | This Form is Open to Public |           |         |              |     |
| For         |                       | enefit Guaranty Corporation                          |  |  |               | ~~ ^                 | 10/04/0            | 044                         | Inspect   | ion.    |              |     |
| -           | calendar<br>lame of p | plan year 2011 or fiscal p                           | an year beginning 01/01  | /2011  | and endi      | ng<br><b>3</b> Three | 12/31/2<br>-digit  | J11                         |           |         |              |     |
| ASCI        | ENTIUM                | 401(K) PLAN  |  |  |               |                      | numbe              | r                           | (         | 001     |              |     |
| C P<br>ASCI | Plan spon<br>ENTIUM   | sor's name as shown on li<br>CORPORATION             | ne 2a of Form 5500   |  | C             |                      | oyer Ide<br>210588 |                             | on Numb   | er (EIN | )            |     |
| Ра          | rt I                  | Distributions  |  |  |               |                      |                    |                             |           |         |              |     |
| All         | referenc              | es to distributions relate                           | only to payments of benefi   | ts during the plan year.   |               |                      |                    |                             |           |         |              |     |
| 1           |                       |  |  | r the forms of property specif                                     |               |                      |                    |                             |           |         |              | 0   |
| 2           |                       |  |  | plan to participants or benefic                                    |               | L                    | 1<br>(if more      | thop to                     | vo optor  |         | fthoth       |     |
| 2           |                       | who paid the greatest dolla                          |  | plan to participants of benefic                                    | anes during   | the year             | (II MOR            | e man iv                    | wo, enter |         | i the tv     | NO  |
|             | EIN(s)                | 04-6568107   |  |  |               |                      |                    |                             |           |         |              |     |
|             | Profit-s              | haring plans, ESOPs, ar                              | d stock bonus plans, skip l  | ine 3.   |               | F                    |                    | i                           |           |         |              |     |
| 3           |                       |  |  | e distributed in a single sum,                                     |               |                      | 3                  |                             |           |         |              |     |
| Pa          | art II                | Funding Informati<br>ERISA section 302, skip         |  | to the minimum funding requi                                       | irements of s | ection of            | 412 of             | the Inte                    | rnal Reve | nue Co  | ode or       |     |
| 4           | Is the pl             | •  | ,  | 2(d)(2) or ERISA section 302(                                      | d)(2)?        |                      |                    | Yes                         | 1         | lo      |              | N/A |
|             | If the p              | lan is a defined benefit p                           | lan, go to line 8.   |  |               |                      |                    |                             |           |         |              |     |
| 5           |                       |  | g standard for a prior year is t<br>ter the date of the ruling lette | 0  | te: Month     |                      | _ Da               | У                           | Y         | ear     |              |     |
| •           | •                     | • • •  |  | dule MB and do not comple  |               |                      | this sc            | hedule.                     |           |         |              |     |
| 6           |                       |  |  | include any prior year accum                                       |               | -                    | 6a                 |                             |           |         |              |     |
|             | <b>b</b> Ent          | er the amount contributed                            | by the employer to the plan fo                                       | or this plan year  |               |                      | 6b                 |                             |           |         |              |     |
|             |                       |  | from the amount in line 6a. E  | Enter the result   |               |                      | 6c                 |                             |           |         |              |     |
|             |                       | ompleted line 6c, skip li                            |  |  |               | L                    |                    |                             |           |         |              |     |
| 7           | Will the              | minimum funding amount                               | reported on line 6c be met by  | / the funding deadline?  |               |                      |                    | Yes                         |           | lo      | <b> </b>     | N/A |
| 8           | authorit              | y providing automatic appl                           | oval for the change or a class                                       | ar pursuant to a revenue proce<br>s ruling letter, does the plan s | ponsor or pla | an                   |                    | Yes                         |           | lo      | <b>[</b> ] I | N/A |
| Pa          | art III               | Amendments   | -  |  |               |                      |                    |                             |           |         |              | —   |
| 9           |                       |  | plan, were any amendments  | adopted during this plan   |               |                      |                    |                             |           |         |              |     |
|             | year tha              | at increased or decreased                            | the value of benefits? If yes,                                       | check the appropriate  | Increase      | e [                  | Decre              | ase                         | Both      | ı       | No           | 0   |
| Pa          | rt IV                 | <b>ESOPs</b> (see instrustion skip this Part.        | uctions). If this is not a plan de                                   | escribed under Section 409(a                                       | ) or 4975(e)( | 7) of the            | Internal           | Reven                       | ue Code,  |         |              |     |
| 10          | Were u                | nallocated employer secur                            | ities or proceeds from the sal                                       | e of unallocated securities us                                     | ed to repay a | any exem             | pt loan            | ?                           |           | Yes     |              | No  |
| 11          | -                     |  |  |  |               |                      |                    |                             |           | Yes     | Ц            | No  |
|             |                       |  |  | oloyer as lender, is such loan                                     |               |                      |                    |                             | [         | Yes     |              | No  |
| 12          |                       |  |  | n established securities mark                                      |               |                      |                    |                             |           | Yes     |              | No  |
| For         | Paperw                | ork Reduction Act Notice                             | e and OMB Control Number   | s, see the instructions for F                                      | orm 5500.     |                      |                    | Sche                        | dule R (F | orm 5   | 500) 2       | 011 |

v.012611

| Pa | rt V |  | Additional Information for Multiemployer Defined Benefit Pension Plans  |  |  |  |  |  |  |  |  |
|----|------|--|---|--|--|--|--|--|--|--|--|
| 13 |      |  | lowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in<br>ee instructions. Complete as many entries as needed to report all applicable employers.  |  |  |  |  |  |  |  |  |
|    | а    | 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   |   |  |  |  |  |  |  |  |  |
|    | е    | Contribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)  |   |  |  |  |  |  |  |  |  |
|    |      | (1)  |   |  |  |  |  |  |  |  |  |
|    | а    | Name   | of contributing employer  |  |  |  |  |  |  |  |  |
|    | b    | EIN  | C Dollar amount contributed by employer   |  |  |  |  |  |  |  |  |
|    | d    |  | ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box<br>e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year   |  |  |  |  |  |  |  |  |
|    | e    | <i>comp</i><br>(1)   | ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,<br>te items 13e(1) and 13e(2).)<br>contribution rate (in dollars and cents)<br>ase unit measure: Hourly Weekly Unit of production Other (specify): |  |  |  |  |  |  |  |  |
|    | а    | Name   | of contributing employer  |  |  |  |  |  |  |  |  |
|    | b    | EIN  | C Dollar amount contributed by employer   |  |  |  |  |  |  |  |  |
|    | d    |  | billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box   |  |  |  |  |  |  |  |  |
|    | e    | <i>comp</i><br>(1)   | ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,<br>te items 13e(1) and 13e(2).)<br>contribution rate (in dollars and cents)<br>ase unit measure: Hourly Weekly Unit of production Other (specify): |  |  |  |  |  |  |  |  |
|    | а    | Name   | of contributing employer  |  |  |  |  |  |  |  |  |
|    | b    | EIN  | C Dollar amount contributed by employer   |  |  |  |  |  |  |  |  |
|    | d    |  | billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box   |  |  |  |  |  |  |  |  |
|    | e    | <i>comp</i><br>(1)   | ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Case unit measure: Hourly Weekly Unit of production Other (specify):         |  |  |  |  |  |  |  |  |
|    | а    | Name   | of contributing employer  |  |  |  |  |  |  |  |  |
|    | b    | EIN  | C Dollar amount contributed by employer   |  |  |  |  |  |  |  |  |
|    | d    |  | ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box<br>e 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: |   |  |  |  |  |  |  |  |  |
|    | а    | Name   | of contributing employer  |  |  |  |  |  |  |  |  |
|    | b    | EIN  | C Dollar amount contributed by employer   |  |  |  |  |  |  |  |  |
|    | d    |  | billective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box<br>e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year  |  |  |  |  |  |  |  |  |
|    | e    | Contr<br>comp<br>(1)   | ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,<br>te items 13e(1) and 13e(2).)<br>contribution rate (in dollars and cents)  |  |  |  |  |  |  |  |  |

| 14 | Enter the number of participants on whose behalf no co | ontributions were made by an | employer as an employer of the |
|----|--|------------------------------|--------------------------------|
|----|--|------------------------------|--------------------------------|

|    | participant for:   |           |                          |  |  |  |
|----|--|-----------|--------------------------|--|--|--|
|    | a The current year   | 14a       |                          |  |  |  |
|    | <b>b</b> The plan year immediately preceding the current plan year   | 14b       |                          |  |  |  |
|    | C The second preceding plan year   | 14c       |                          |  |  |  |
| 15 | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:  | ike an    |                          |  |  |  |
|    | a The corresponding number for the plan year immediately preceding the current plan year   | 15a       |                          |  |  |  |
|    | <b>b</b> The corresponding number for the second preceding plan year   | 15b       |                          |  |  |  |
| 16 | Information with respect to any employers who withdrew from the plan during the preceding plan year.   | •         |                          |  |  |  |
|    | a Enter the number of employers who withdrew during the preceding plan year  | 16a       |                          |  |  |  |
|    | <b>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   | 16b       |                          |  |  |  |
| 17 | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment.  |           |                          |  |  |  |
| Ρ  | art VI Additional Information for Single-Employer and Multiemployer Defined Benef  | it Pens   | ion Plans                |  |  |  |
| 18 | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment  | structior | s regarding supplemental |  |  |  |
| 19 | If the total number of participants is 1,000 or more, complete items (a) through (c)   |           |                          |  |  |  |
|    | <ul> <li>a Enter the percentage of plan assets held as:</li> <li>Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:%</li> <li>b Provide the average duration of the combined investment-grade and high-yield debt:% 0-3 years3-6 years6-9 years9-12 years12-15 years15-18 years18-21 years21 years or more</li> <li>c What duration measure was used to calculate item 19(b)?</li> </ul> |           |                          |  |  |  |
|    | Effective duration         Macaulay duration         Modified duration         Other (specify):  |           |                          |  |  |  |



# ASCENTIUM 401(k) PLAN

Report of Independent Auditors and Financial Statements with Supplemental Schedule

December 31, 2011 and 2010



Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

# CONTENTS

|   | PAGE          |
|---|---------------|
| REPORT OF INDEPENDENT AUDITORS  | 1             |
| FINANCIAL STATEMENTS<br>Statements of Net Assets Available for Benefits<br>Statement of Changes in Net Assets Available for Benefits<br>Notes to Financial Statements | 2<br>3<br>4-8 |
| SUPPLEMENTAL SCHEDULE<br>Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)   | 9             |



#### **REPORT OF INDEPENDENT AUDITORS**

To the Plan Administrator Ascentium 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Ascentium 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of Schedule H, line 4(i) - Schedule of assets (held at end of year) as of December 31, 2011. 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 8, which was certified by Fidelity Management Trust Company, the Plan's trustee, 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 December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information 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 purpose 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 ERISA. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

neve adams LLP

Seattle, Washington July 30, 2012



|                                    | 2011         | 2010         |
|------------------------------------|--------------|--------------|
| ASSETS                             |              |              |
| Investments, at fair value         |              |              |
| Mutual funds                       | \$ 6,960,150 | \$ 7,820,570 |
| Money market fund                  | 411,250      | 572,724      |
|                                    | 7,371,400    | 8,393,294    |
|                                    |              |              |
| Notes receivable from participants | 29,368       | 38,958       |
|                                    |              |              |
| NET ASSETS AVAILABLE FOR BENEFITS  | \$ 7,400,768 | \$ 8,432,252 |

### ASCENTIUM 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2011

| ADDITIONS<br>Investment income (loss)<br>Net depreciation in fair value of investments<br>Dividends and interest | \$ (375,267)<br>185,080<br>(190,187) |
|--|--------------------------------------|
| Interest income on notes receivable from participants  | 2,144                                |
| Contributions  |                                      |
| Participant  | 843,511                              |
| Rollovers  | 74,445                               |
|  | 917,956                              |
| Total additions  | 729,913                              |
| DEDUCTIONS   |                                      |
| Benefits paid to participants  | 1,751,474                            |
| Administrative expenses  | 9,923                                |
| Total deductions   | 1,761,397                            |
| NET CHANGE   | (1,031,484)                          |
| NET ASSETS AVAILABLE FOR BENEFITS<br>Beginning of year   | 8,432,252                            |
| beginning of year  | 0,732,232                            |
| End of year  | \$ 7,400,768                         |

#### Note 1 - Description of the Plan

The following description of the Ascentium 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering substantially all employees of Ascentium Corporation (the Company), except for those employees whose retirement benefits are the subject of collective bargaining. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During August 2011, the Company signed a merger agreement with Cactus Commerce Inc. (Cactus), a Canadian federal corporation. Since the merger, the Company and Cactus have begun integration of the two companies' products, customers, and employees, as well as certain management and administrative functions, resulting in a reduction in work force associated with the merger. The Company is considering whether the Plan has met the criteria for a partial plan determination related to the reduction in work force.

**Eligibility** - Employees of the Company are eligible to participate on the date they are hired and have attained the age of 18. Employees may enter the Plan on the first day of the month falling on or after the date they become eligible.

**Contributions** - Participants may elect to contribute up to 75% of eligible compensation to the Plan each year. Participants may also contribute amounts representing rollovers from other qualified plans. The Company may make discretionary matching and profit sharing contributions to the Plan. Matching contributions are based on a specified percentage of employee deferral contributions. Profit sharing contributions are based on the compensation of the participants. There were no employer matching or profit sharing contributions for the year ended December 31, 2011. Contributions are subject to regulatory limitations.

**Vesting** - Participants are fully vested in their salary deferral contributions plus actual earnings thereon. Vesting in the Company's contributions is based on years of service. A participant is 33%, 67%, and 100% vested after 1, 2, and 3 years of service, respectively.

**Payment of Benefits** - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested account balance or installments as defined by the plan agreement.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and allocation of the Company's contributions and earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Note 1 - Description of the Plan (Continued)

**Forfeitures** - Forfeitures are the nonvested portion of a participant's account that is lost upon termination of employment. Forfeitures are retained in the Plan and used to pay administrative expenses or to reduce the Company's contributions. At December 31, 2011 and 2010, forfeited accounts totaled \$2,862 and \$3,655, respectively. During 2011, forfeitures totaling \$5,216 were used to pay administrative expenses of the Plan.

**Notes Receivable from Participants** - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Generally, the term of the loan may not exceed five years, unless the loan is to purchase a personal residence. The loans are secured by the balance in the participant's account and bear interest at a rate equal to available market financing rates. Principal and interest are paid ratably through payroll deductions. As of December 31, 2011, outstanding notes receivable from participants bear interest at 5% with various maturity dates through August 2014.

**Plan Termination** - Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

#### Note 2 - Summary of Significant Accounting Policies

**Basis of Accounting** - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

**Use of Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Investment Valuation** - Investments are stated at fair value as certified by Fidelity Management Trust Company (the Trustee). Fair value is the price that would be received to sell an asset or paid to transfer a liability ("exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

**Income Recognition** - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains or losses and the unrealized appreciation and depreciation of those investments.

Payment of Benefits - Benefits are recorded when paid.

**Expenses** - Administrative expenses are paid by the Company. Certain recordkeeping and transaction fees are paid by the Plan.

**Subsequent Events** - The Plan has evaluated subsequent events through July 30, 2012, which is the date the financial statements were available to be issued.

#### Note 3 - Investments

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

|  | <br>2011      | <br>2010      |
|--|---------------|---------------|
| Fidelity Diversified International Fund    | \$<br>550,028 | \$<br>743,643 |
| Fidelity Contrafund                        | 502,413       | 514,349       |
| Fidelity Retirement Money Market Portfolio | 411,250       | 572,724       |
| Spartan Total Market Index Fund            | *             | 447,791       |

\* Investment did not represent over 5% of net assets at December 31, 2011.

#### Note 4 - Fair Value Measurements

The Plan classifies its investments based upon an established 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- **Level 2** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;
- **Level 3** Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used as of December 31, 2011 and 2010.

Shares of mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

The money market fund is a public investment vehicle valued using \$1 for the NAV. The money market fund is classified within level 1 of the valuation hierarchy.

#### Note 4 - Fair Value Measurements (Continued)

The following table discloses by level, the fair value hierarchy as of December 31:

|                    | Investments at Fair Value as of December 31, 2011 |          |             |            |           |              |  |  |
|--------------------|---|----------|-------------|------------|-----------|--------------|--|--|
|                    | Level 1   | Le       | vel 2       | Le         | vel 3     | Total        |  |  |
| Mutual funds       |   |          |             |            |           |              |  |  |
| Growth funds       | \$ 4,287,298                                      | \$       | -           | \$         | -         | \$ 4,287,298 |  |  |
| Target date funds  | 1,484,212   |          | -           |            | -         | 1,484,212    |  |  |
| Fixed income funds | 580,457   |          | -           |            | -         | 580,457      |  |  |
| Index funds        | 438,549   |          | -           |            | -         | 438,549      |  |  |
| Balanced fund      | 169,634   |          | -           |            | -         | 169,634      |  |  |
| Money market fund  | 411,250   |          | -           |            | -         | 411,250      |  |  |
|                    | \$ 7,371,400                                      | \$       | -           | \$         | -         | \$ 7,371,400 |  |  |
|                    | Invest  | ments at | : Fair Valu | e as of De | ecember 3 | 31, 2010     |  |  |
|                    | Level 1   | Le       | vel 2       | Le         | vel 3     | Total        |  |  |
| Mutual funds       |   |          |             |            |           |              |  |  |
| Growth funds       | \$ 4,923,940                                      | \$       | -           | \$         | -         | \$ 4,923,940 |  |  |
| Target date funds  | 1,562,481   |          | -           |            | -         | 1,562,481    |  |  |
| Fixed income funds | 597,459   |          | -           |            | -         | 597,459      |  |  |
| Index funds        | 586,051   |          | -           |            | -         | 586,051      |  |  |
| Balanced fund      | 150,639   |          | -           |            | -         | 150,639      |  |  |
| Money market fund  | 572,724   |          | -           |            | -         | 572,724      |  |  |
|                    | \$ 8,393,294                                      | \$       | -           | \$         | -         | \$ 8,393,294 |  |  |

#### Note 5 - Tax Status

The plan document is a prototype defined contribution plan that received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the prototype plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements.

#### Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

#### Note 7 - Party-In-Interest Transactions

Plan investments include shares of mutual funds managed by Fidelity Investments. The Trustee is an affiliate of Fidelity Investments and, therefore, transactions with these entities qualify as exempt party-in-interest transactions.

#### Note 8 - Information Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010.
- Investment income (loss) and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Investments reflected on the supplemental schedule of assets (held at end of year).

SUPPLEMENTAL SCHEDULE

### ASCENTIUM 401(k) PLAN EIN: 91-2105883 PLAN: 001 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

| (a) | (b)<br>Identity of Issuer, borrower,<br>lessor or similar party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Par Value, or Maturity Value | (d)<br>Cost |    | (e)<br>Current<br>Value |
|-----|---|--|-------------|----|-------------------------|
| *   | Fidelity Diversified International Fund                         | Mutual Fund  | **          | \$ | 550,028                 |
| *   | Fidelity Contrafund   | Mutual Fund  | **          |    | 502,413                 |
| *   | Fidelity Retirement Money Market Portfolio                      | Money Market Fund  | **          |    | 411,250                 |
| *   | Fidelity Blue Chip Growth Fund                                  | Mutual Fund  | **          |    | 356,962                 |
| *   | Fidelity Growth Company Fund                                    | Mutual Fund  | **          |    | 347,610                 |
| *   | Fidelity Freedom 2030 Fund                                      | Mutual Fund  | **          |    | 344,414                 |
| *   | Fidelity Freedom 2040 Fund                                      | Mutual Fund  | **          |    | 310,759                 |
| *   | Fidelity Mid Cap Stock Fund                                     | Mutual Fund  | **          |    | 309,248                 |
| *   | Fidelity Intermediate Bond Fund                                 | Mutual Fund  | **          |    | 302,215                 |
| *   | Fidelity Freedom 2020 Fund                                      | Mutual Fund  | **          |    | 292,239                 |
| *   | Fidelity Spartan Total Market Index Fund                        | Mutual Fund  | **          |    | 291,527                 |
| *   | Fidelity Value Fund   | Mutual Fund  | **          |    | 274,990                 |
| *   | Fidelity Export and Multinational Fund                          | Mutual Fund  | **          |    | 264,181                 |
| *   | Fidelity Low Price Stock Fund                                   | Mutual Fund  | **          |    | 246,263                 |
| *   | Fidelity Freedom 2035 Fund                                      | Mutual Fund  | **          |    | 232,902                 |
| *   | Fidelity Investment Grade Bond Fund                             | Mutual Fund  | **          |    | 209,748                 |
| *   | Fidelity Puritan Fund   | Mutual Fund  | **          |    | 169,634                 |
| *   | Fidelity OTC Portfolio Fund                                     | Mutual Fund  | **          |    | 163,235                 |
| *   | Fidelity Real Estate Investment Fund                            | Mutual Fund  | **          |    | 161,577                 |
| *   | Fidelity Overseas Fund  | Mutual Fund  | **          |    | 149,088                 |
| *   | FidelitySpartan Extended Market Index Fund                      | Mutual Fund  | **          |    | 147,022                 |
| *   | Fidelity Small Cap Value Fund                                   | Mutual Fund  | **          |    | 127,203                 |
| *   | Fidelity Small Cap Discovery Fund                               | Mutual Fund  | **          |    | 126,524                 |
| *   | Fidelity Value Strategies Fund                                  | Mutual Fund  | **          |    | 123,061                 |
| *   | Fidelity Freedom 2050 Fund                                      | Mutual Fund  | **          |    | 115,647                 |
| *   | Fidelity Dividend Growth Fund                                   | Mutual Fund  | **          |    | 113,047                 |
| *   | Fidelity Freedom 2045 Fund                                      | Mutual Fund  | **          |    | 98,166                  |
| *   | Fidelity Large Cap Stock Fund                                   | Mutual Fund  | **          |    | 87,876                  |
| *   | Fidelity Growth Strategies Fund                                 | Mutual Fund  | **          |    | 86,725                  |
| *   | Fidelity Equity-Income II Fund                                  | Mutual Fund<br>Mutual Fund   | **          |    | 82,609                  |
| *   | Fidelity Fund   | Mutual Fund<br>Mutual Fund   | **          |    | 75,964                  |
| *   | Fidelity Equity Income Fund                                     | Mutual Fund<br>Mutual Fund   | **          |    | 72,762                  |
| *   | Fidelity Short Term Bond Fund                                   | Mutual Fund<br>Mutual Fund   | **          |    | 72,782<br>68,494        |
| *   | Fidelity Fifty Fund   |  | **          |    |                         |
| *   | Fidelity Freedom 2000 Fund                                      | Mutual Fund  | **          |    | 64,922<br>24,999        |
| *   |   | Mutual Fund  | **          |    | 34,888                  |
| *   | Fidelity Freedom 2025 Fund                                      | Mutual Fund  | **          |    | 33,321                  |
| *   | Fidelity Freedom Income Fund                                    | Mutual Fund  | **          |    | 13,195                  |
| *   | Fidelity Freedom 2010 Fund                                      | Mutual Fund  | **          |    | 6,118                   |
| *   | Fidelity Freedom 2005 Fund                                      | Mutual Fund  | **          |    | 1,291                   |
|     | Fidelity Freedom 2015 Fund                                      | Mutual Fund  | ጥተ          |    | 1,272                   |
| *   | Participant loans   | Interest rates at 5%, maturing<br>through August 2014  | -           |    | 29,368                  |
|     |   |  |             | \$ | 7,400,768               |
|     |   |  |             | _  |                         |

\* Represents a party-in-interest to the Plan.

\*\* Cost information has been omitted as these investments are participant directed.

#### ASCENTIUM 401(k) PLAN EIN: 91-2105883 PLAN: 001 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

| <u>(a)</u> | (b)<br>Identity of Issuer, borrower,<br>lessor or similar party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Par Value, or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|------------|---|--|-------------|-------------------------|
| *          | Fidelity Diversified International Fund                         | Mutual Fund  | **          | \$ 550,028              |
| *          | Fidelity Contrafund   | Mutual Fund  | **          | 502,413                 |
| *          | Fidelity Retirement Money Market Portfolio                      | Money Market Fund  | **          | 411,250                 |
| *          | Fidelity Blue Chip Growth Fund                                  | Mutual Fund  | **          | 356,962                 |
| *          | Fidelity Growth Company Fund                                    | Mutual Fund  | **          | 347,610                 |
| *          | Fidelity Freedom 2030 Fund                                      | Mutual Fund  | **          | 344,414                 |
| *          | Fidelity Freedom 2040 Fund                                      | Mutual Fund  | **          | 310,759                 |
| *          | Fidelity Mid Cap Stock Fund                                     | Mutual Fund  | **          | 309,248                 |
| *          | Fidelity Intermediate Bond Fund                                 | Mutual Fund  | **          | 302,215                 |
| *          | Fidelity Freedom 2020 Fund                                      | Mutual Fund  | **          | 292,239                 |
| *          | Fidelity Spartan Total Market Index Fund                        | Mutual Fund  | **          | 291,527                 |
| *          | Fidelity Value Fund   | Mutual Fund  | **          | 274,990                 |
| *          | Fidelity Export and Multinational Fund                          | Mutual Fund  | **          | 264,181                 |
| *          | Fidelity Low Price Stock Fund                                   | Mutual Fund  | **          | 246,263                 |
| *          | Fidelity Freedom 2035 Fund                                      | Mutual Fund  | **          | 232,902                 |
| *          | Fidelity Investment Grade Bond Fund                             | Mutual Fund  | **          | 209,748                 |
| *          | Fidelity Puritan Fund   | Mutual Fund  | **          | 169,634                 |
| *          | Fidelity OTC Portfolio Fund                                     | Mutual Fund  | **          | 163,235                 |
| *          | Fidelity Real Estate Investment Fund                            | Mutual Fund  | **          | 161,577                 |
| *          | Fidelity Overseas Fund  | Mutual Fund  | **          | 149,088                 |
| *          | FidelitySpartan Extended Market Index Fund                      | Mutual Fund  | **          | 147,022                 |
| *          | Fidelity Small Cap Value Fund                                   | Mutual Fund  | sjesje      | 127,203                 |
| *          | Fidelity Small Cap Discovery Fund                               | Mutual Fund  | **          | 126,524                 |
| *          | Fidelity Value Strategies Fund                                  | Mutual Fund  | **          | 123,061                 |
| *          | Fidelity Freedom 2050 Fund                                      | Mutual Fund  | **          | 115,647                 |
| *          | Fidelity Dividend Growth Fund                                   | Mutual Fund  | **          | 114,057                 |
| *          | Fidelity Freedom 2045 Fund                                      | Mutual Fund  | **          | 98,166                  |
| *          | Fidelity Large Cap Stock Fund                                   | Mutual Fund  | **          | 87,876                  |
| *          | Fidelity Growth Strategies Fund                                 | Mutual Fund  | **          | 86,725                  |
| *          | Fidelity Equity-Income II Fund                                  | Mutual Fund  | sjesje      | 82,609                  |
| *          | Fidelity Fund   | Mutual Fund  | **          | 75,964                  |
| *          | Fidelity Equity Income Fund                                     | Mutual Fund  | **          | 72,762                  |
| *          | Fidelity Short Term Bond Fund                                   | Mutual Fund  | **          | 68,494                  |
| *          | Fidelity Fifty Fund   | Mutual Fund  | **          | 64,922                  |
| *          | Fidelity Freedom 2000 Fund                                      | Mutual Fund  | **          | 34,888                  |
| *          | Fidelity Freedom 2025 Fund                                      | Mutual Fund  | **          | 33,321                  |
| *          | Fidelity Freedom Income Fund                                    | Mutual Fund  | **          | 13,195                  |
| *          | Fidelity Freedom 2010 Fund                                      | Mutual Fund  | sjesje      | 6,118                   |
| *          | Fidelity Freedom 2005 Fund                                      | Mutual Fund  | **          | 1,291                   |
| *          | Fidelity Freedom 2015 Fund                                      | Mutual Fund  | **          | 1,272                   |
| *          | Participant loans   | Interest rates at 5%, maturing   |             |                         |
|            |   | through August 2014  | -           | 29,368                  |
|            |   |  |             | \$ 7,400,768            |

\* Represents a party-in-interest to the Plan.

\*\* Cost information has been omitted as these investments are participant directed.