

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>POREX CORPORATION 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>01/01/1990</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>POREX CORPORATION</u> <u>500 BOHANNON ROAD</u> <u>FAIRBURN, GA 30213</u>	2b Employer Identification Number (EIN) <u>52-1304561</u> 2c Sponsor's telephone number <u>770-964-1421</u> 2d Business code (see instructions) <u>326100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>11/29/2012</u>	<u>VICTOR MARRERO</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") POREX CORPORATION 500 BOHANNON ROAD FAIRBURN, GA 30213	3b Administrator's EIN 52-1304561 3c Administrator's telephone number 770-964-1421
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name POREX TECHNOLOGIES INC.	4b EIN 52-1304561	4c PN 003
5 Total number of participants at the beginning of the plan year	5	479
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	327
b Retired or separated participants receiving benefits.....	6b	8
c Other retired or separated participants entitled to future benefits.....	6c	174
d Subtotal. Add lines 6a , 6b , and 6c	6d	509
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	513
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	415
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
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 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>POREX CORPORATION 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POREX CORPORATION</u>	D Employer Identification Number (EIN) <u>52-1304561</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	6163	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation MAINSTAY LGCP GR R1 - BOSTON FINANC 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.35%		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation NB PARTNERS TRUST - STATE STREET BA 04-0025081		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation PIMCO REAL RTN BD AD - BOSTON FINAN 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.26%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
RAINIER SM/MID CAP - US BANCORP FUN	0.35%	
39-0281260		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
ROYCE LOW PR STK SER - BOSTON FINAN	0.45%	
04-2526037		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
RS PARTNERS A - BOSTON FINANCIAL DA	0.55%	
04-2526037		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WA CORE BOND FI - BOSTON FINANCIAL 04-2526037	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>POREX CORPORATION 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POREX CORPORATION</u>	D Employer Identification Number (EIN) <u>52-1304561</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	25797	82389
	(2) Participant contributions	1b(2)	55399	63784
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2028340	1747143
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	787403	723674
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21738290	20550126
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24635229	23167116

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24635229	23167116
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	559490	
(B) Participants	2a(1)(B)	1047057	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1606547
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	245	
(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)	10594	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10839
(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)	542405	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		542405
(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. 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)		-1244684
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		915107

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2377039	
(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)		2377039
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6181	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6181
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2383220

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1468113
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: HANCOCK ASKEW AND CO LLP

(2) EIN: 52-1304561

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒	☐	1885
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>POREX CORPORATION 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POREX CORPORATION</u>	D Employer Identification Number (EIN) <u>52-1304561</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

POREX CORPORATION 401(k) SAVINGS PLAN

**Financial Statements
and
Independent Auditors' Report**
As of December 31, 2011 and 2010, and
for the Year Ended December 31, 2011

Porex Corporation 401(k) Savings Plan

Contents

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditors' Report

The Administrative Committee
Porex Corporation 401(k) Savings Plan
Fairburn, Georgia

We were engaged to audit the accompanying financial statements and supplemental schedule of the Porex Corporation 401(k) Savings Plan (the Plan) as of December 31, 2011 and 2010, and for the year ended December 31, 2011, as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America; and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

Hancock Askew & Co., LLP

Norcross, Georgia
September 18, 2012

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Porex Corporation 401(k) Savings Plan

Statements of Net Assets Available for Benefits

<hr/>			
December 31,		2011	2010
<hr/>			
ASSETS			
Investments, at fair value	\$	22,297,269	\$ 23,766,630
Receivables			
Participant		63,784	55,399
Employer		82,389	25,797
Notes receivable from participants		723,674	787,403
		869,847	868,599
<hr/>			
Net assets available for benefits	\$	23,167,116	\$ 24,635,229

See independent auditors' report and notes to financial statements.

Porex Corporation 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,

2011

ADDITIONS TO NET ASSETS

Investment income

Interest and dividend income	\$ 542,650
------------------------------	------------

Contributions

Employer	559,490
Participant	1,047,057

Total contributions	1,606,547
---------------------	-----------

Interest income on notes receivable from participants	10,594
---	--------

Total additions	2,159,791
-----------------	-----------

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	2,377,039
-------------------------------	-----------

Net depreciation in fair value of investments	1,244,685
---	-----------

Administrative expenses	6,180
-------------------------	-------

Total deductions	3,627,904
------------------	-----------

Net decrease	(1,468,113)
--------------	-------------

Net assets available for benefits, beginning of year	24,635,229
--	------------

Net assets available for benefits, end of year	\$ 23,167,116
--	---------------

See independent auditors' report and notes to financial statements.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Porex Corporation 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan maintained by Porex Parent, Inc. and subsidiaries (the Company and Plan Sponsor), a direct wholly-owned subsidiary of Aurora Equity Partners III, L.P. and Aurora Overseas Equity Partners III, L.P., for the benefit of its eligible employees and the eligible employees of certain participating affiliated employers that have adopted the Plan. The Plan is a defined contribution plan under Sections 401(a) and 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Fidelity Management Trust Company (the Trustee) serves as Trustee for the Plan. An affiliated company of the Trustee provides record keeping services for the Plan.

Eligibility

All active employees of the Company, excluding leased employees and nonresident aliens with no source of income in the United States, who have completed six months of service, as defined by the Plan, and are at least 21 years of age, are eligible to participate in the Plan. Participants become eligible to participate on the first Plan entry date (first of each month) following completion of the eligibility requirements.

Contributions

Eligible employees may elect to contribute, on a pretax basis, up to 50% of their eligible compensation to the Plan, not to exceed the limit under the IRC. In addition, eligible participants are permitted to make catch up contributions, which are not eligible for matching contributions. The Company provides a matching contribution equal to 100% of the participant's contribution up to 3% of annual compensation plus 50% of the next 2% of the participant's annual compensation contributed to the Plan. For any Plan year, deferral contributions in excess of 5% of the participant's compensation are not eligible for Company matching contributions. The Company's matching contributions are in the form of cash and are directed into various investments by the participants.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Contributions (cont.)

In addition, the Company, at its discretion, may elect to make additional annual profit-sharing contributions (Profit Sharing Contributions) to the Plan. Participants must be employed on the last day of the Plan year to be eligible for any Profit Sharing Contributions made for that Plan year. Profit Sharing Contributions, if any, will be allocated to eligible participants in the ratio that each eligible participant's eligible compensation bears to the total eligible compensation paid to all eligible participants for the Plan year. Profit Sharing Contributions will be invested at the direction of participants. No Profit Sharing Contributions were made in 2011.

Vesting

Participants are always 100% vested in their pretax contributions, Company matching contributions and any earnings thereon.

Discretionary Profit Sharing Contributions (and the earnings thereon) for periods of service beginning on or after January 1, 1999, are vested in accordance with the following schedule:

Years of Service	Percent Vested
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five or more	100%

Pre-1999 discretionary Profit Sharing Contributions and pre-1999 Company matching contributions (as adjusted for investment gains and losses) are fully vested.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Participant Accounts

Individual accounts are maintained for each participant's share of the Plan's investment results, the Company's matching and discretionary contributions, and the participant's contribution. Allocations of Plan investment results are based on participant account balances, as defined by the Plan document.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loans are secured by the participant's account balance and bear interest at a reasonable rate of interest as determined by the Trustee based on prevailing interest rates charged for similar loans in the loan market. Repayments of the loans are made in substantially equal payroll deductions amortized over the life of the loan. The loan must be repaid within five years unless the loan is used to purchase a primary residence, in which case the repayment period may not extend beyond ten years from the date of the loan. The principal amount of the loan, together with all accrued interest, shall immediately become due when the participant is no longer employed by the Company.

Forfeitures

Forfeited account balances are utilized to reduce future Company contributions or pay Plan fees. There was no forfeiture account balance as of December 31, 2011 or 2010. In 2010, Plan fees were reduced by \$4,769 from 2009 forfeited non-vested accounts.

Benefit Payments

A participant becomes eligible for benefits at the normal retirement date (age 65), at early retirement date (age 55 and five years of service), upon termination from the Company, or at the date the participant dies or becomes totally disabled. In addition, a participant is eligible to receive distributions without termination of employment upon attainment of age 59½ without penalty. A participant may elect to receive the benefits either as a lump-sum distribution, installment payments over a specified period of time, or a direct roll-over distribution.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.) **Administrative Expenses**

All expenses of the Plan are paid by the Company, with the exception of express mail service fees on participant withdrawal and loan checks and individual loan setup and maintenance fees which are charged to the respective individual participant accounts.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants would become 100% vested in their account balances.

2. Summary of Significant Accounting Policies **Basis of Accounting**

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that could affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition

Investments are stated at fair value, which is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for disclosure of the Plan's fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

Notes Receivable from Participants

Notes receivable from participants are segregated from Plan investments in the Statements of Net Assets Available for Benefits and valued at their unpaid principal balance plus any accrued but unpaid interest.

3. Information Prepared and Certified by the Trustee

All investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2011 and 2010, and net depreciation in fair value of investments, interest, dividends and investment expenses for the year ended December 31, 2011, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company, the Trustee.

The Plan's investments (including investments purchased, sold as well as held during the year) depreciated in fair value as determined by quoted market prices in the active market as follows:

<i>Year ended December 31,</i>	2011
Mutual funds	\$ (1,244,685)
	\$ (1,244,685)

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

3. Information Prepared and Certified by the Trustee (cont.)

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2011		2010	
Fidelity Capital Appreciation Fund	\$	1,280,971	\$	1,242,826
Fidelity Blue Chip Growth Fund	\$	1,674,387	\$	1,777,898
Fidelity Dividend Growth Fund	\$	1,544,940	\$	1,713,909
Fidelity Retirement Government Money Market Portfolio	\$	1,747,143	\$	2,028,340
Fidelity Freedom 2020 Fund	\$	2,431,230	\$	2,391,495
Fidelity Freedom 2025 Fund	\$	*	\$	1,234,277
Fidelity Freedom 2030 Fund	\$	1,264,688	\$	1,316,482
Rainier SM/Mid Cap Fund	\$	1,885,972	\$	2,099,521
Spartan U.S. Bond Index Fund	\$	1,208,174	\$	*

* Investment balance is less than 5%.

4. Fair Value Measurements

Fair value is measured according to a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means; and if the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

4. Fair Value Measurements (cont.)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	\$ 1,747,143	\$ -	\$ -	\$ 1,747,143
Fixed income	1,955,901	-	-	1,955,901
Balance	4,822,692	-	-	4,822,692
Growth	5,367,226	-	-	5,367,226
Value	868,603	-	-	868,603
Target date	7,535,704	-	-	7,535,704
Total assets at fair value				
	\$ 22,297,269	\$ -	\$ -	\$ 22,297,269

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	\$ 2,028,340	\$ -	\$ -	\$ 2,028,340
Fixed income	1,990,887	-	-	1,990,887
Balance	5,263,372	-	-	5,263,372
Growth	5,642,393	-	-	5,642,393
Value	885,784	-	-	885,784
Target date	7,955,854	-	-	7,955,854
Total assets at fair value				
	\$ 23,766,630	\$ -	\$ -	\$ 23,766,630

Mutual funds: The Plan's mutual funds are valued at quoted market prices which represent the net asset values of shares held by the Plan at year end.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

-
- | | |
|--------------------------------------|--|
| 5. Income Tax Status | The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the Plan is qualified under Section 401(a) of the IRC; therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code; and therefore believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt. |
| 6. Risks and Uncertainties | The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. |
| 7. Related Party Transactions | Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity is the Trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. |
| 8. Subsequent Events | Subsequent events have been evaluated through September 18, 2012 the date the financial statements were available to be issued. |

Porex Corporation 401(k) Savings Plan
EIN: 52-1304561 Plan Number: 003

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

December 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Management Trust Co.	Rainier SM/Mid Cap Fund	**	\$ 1,885,972
		NB Partners Trust Fund	**	44,432
		Mainstay Large Cap Growth Fund	**	72,838
		Royce Low Priced Stock Fund	**	777,817
		West Asset Core Fund	**	196,751
		PIMCO Real Return Bond AD	**	200,744
		RS Partners Fund	**	233,648
		Fidelity Fund	**	453,058
		Fidelity Equity-Income Fund	**	689,610
		Fidelity Value Fund	**	178,993
		Fidelity Cap Appreciation Fund	**	1,280,971
		Fidelity Blue Chip Growth Fund	**	1,674,387
		Fidelity Diversified International Fund	**	990,469
		Fidelity Dividend Growth Fund	**	1,544,940
		Fidelity Freedom Income Fund	**	350,232
		Fidelity Freedom 2000 Fund	**	481,382
		Fidelity Freedom 2005 Fund	**	2,344
		Fidelity Freedom 2010 Fund	**	755,319
		Fidelity Freedom 2015 Fund	**	610,984
		Fidelity Freedom 2020 Fund	**	2,431,230
		Fidelity Freedom 2025 Fund	**	1,111,065
		Fidelity Freedom 2030 Fund	**	1,264,688
		Fidelity Freedom 2035 Fund	**	604,586
		Fidelity Freedom 2040 Fund	**	215,785
		Fidelity Freedom 2045 Fund	**	44,231
		Fidelity Freedom 2050 Fund	**	14,090
		Fidelity Retirement Government Money Market Portfolio	**	1,747,143
		Spartan U.S. Bond Index Fund	**	1,208,174
		Fidelity Spartan 500 Index Inv	**	1,072,324

Porex Corporation 401(k) Savings Plan
EIN: 52-1304561 Plan Number: 003

Schedule H, Line 4i, Schedule of Assets (Held at Year End) (cont.)

December 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Fidelity Spartan Extended Market Index Fund	**	91,843
		Fidelity Spartan International Index Fund	**	67,219
	Total Investments			22,297,269
*	Participant Loans	4.25% to 7.49%	-0-	723,674
				\$ 23,020,943

* Denotes party-in-interest to the Plan.

** Cost information has not been included in column (d) because all investments are participant-directed.

POREX CORPORATION 401(k) SAVINGS PLAN

**Financial Statements
and
Independent Auditors' Report**
As of December 31, 2011 and 2010, and
for the Year Ended December 31, 2011

Porex Corporation 401(k) Savings Plan

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditors' Report

The Administrative Committee
Porex Corporation 401(k) Savings Plan
Fairburn, Georgia

We were engaged to audit the accompanying financial statements and supplemental schedule of the Porex Corporation 401(k) Savings Plan (the Plan) as of December 31, 2011 and 2010, and for the year ended December 31, 2011, as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America; and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

Hancock Askew & Co., LLP

Norcross, Georgia
September 18, 2012

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Porex Corporation 401(k) Savings Plan

Statements of Net Assets Available for Benefits

<hr/>			
December 31,		2011	2010
<hr/>			
ASSETS			
Investments, at fair value	\$	22,297,269	\$ 23,766,630
Receivables			
Participant		63,784	55,399
Employer		82,389	25,797
Notes receivable from participants		723,674	787,403
		869,847	868,599
<hr/>			
Net assets available for benefits	\$	23,167,116	\$ 24,635,229

See independent auditors' report and notes to financial statements.

Porex Corporation 401(k) Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,

2011

ADDITIONS TO NET ASSETS

Investment income

Interest and dividend income	\$ 542,650
------------------------------	------------

Contributions

Employer	559,490
Participant	1,047,057

Total contributions	1,606,547
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Interest income on notes receivable from participants	10,594
---	--------

Total additions	2,159,791
-----------------	-----------

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	2,377,039
-------------------------------	-----------

Net depreciation in fair value of investments	1,244,685
---	-----------

Administrative expenses	6,180
-------------------------	-------

Total deductions	3,627,904
------------------	-----------

Net decrease	(1,468,113)
--------------	-------------

Net assets available for benefits, beginning of year	24,635,229
--	------------

Net assets available for benefits, end of year	\$ 23,167,116
--	---------------

See independent auditors' report and notes to financial statements.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Porex Corporation 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan maintained by Porex Parent, Inc. and subsidiaries (the Company and Plan Sponsor), a direct wholly-owned subsidiary of Aurora Equity Partners III, L.P. and Aurora Overseas Equity Partners III, L.P., for the benefit of its eligible employees and the eligible employees of certain participating affiliated employers that have adopted the Plan. The Plan is a defined contribution plan under Sections 401(a) and 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Fidelity Management Trust Company (the Trustee) serves as Trustee for the Plan. An affiliated company of the Trustee provides record keeping services for the Plan.

Eligibility

All active employees of the Company, excluding leased employees and nonresident aliens with no source of income in the United States, who have completed six months of service, as defined by the Plan, and are at least 21 years of age, are eligible to participate in the Plan. Participants become eligible to participate on the first Plan entry date (first of each month) following completion of the eligibility requirements.

Contributions

Eligible employees may elect to contribute, on a pretax basis, up to 50% of their eligible compensation to the Plan, not to exceed the limit under the IRC. In addition, eligible participants are permitted to make catch up contributions, which are not eligible for matching contributions. The Company provides a matching contribution equal to 100% of the participant's contribution up to 3% of annual compensation plus 50% of the next 2% of the participant's annual compensation contributed to the Plan. For any Plan year, deferral contributions in excess of 5% of the participant's compensation are not eligible for Company matching contributions. The Company's matching contributions are in the form of cash and are directed into various investments by the participants.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Contributions (cont.)

In addition, the Company, at its discretion, may elect to make additional annual profit-sharing contributions (Profit Sharing Contributions) to the Plan. Participants must be employed on the last day of the Plan year to be eligible for any Profit Sharing Contributions made for that Plan year. Profit Sharing Contributions, if any, will be allocated to eligible participants in the ratio that each eligible participant's eligible compensation bears to the total eligible compensation paid to all eligible participants for the Plan year. Profit Sharing Contributions will be invested at the direction of participants. No Profit Sharing Contributions were made in 2011.

Vesting

Participants are always 100% vested in their pretax contributions, Company matching contributions and any earnings thereon.

Discretionary Profit Sharing Contributions (and the earnings thereon) for periods of service beginning on or after January 1, 1999, are vested in accordance with the following schedule:

Years of Service	Percent Vested
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five or more	100%

Pre-1999 discretionary Profit Sharing Contributions and pre-1999 Company matching contributions (as adjusted for investment gains and losses) are fully vested.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Participant Accounts

Individual accounts are maintained for each participant's share of the Plan's investment results, the Company's matching and discretionary contributions, and the participant's contribution. Allocations of Plan investment results are based on participant account balances, as defined by the Plan document.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loans are secured by the participant's account balance and bear interest at a reasonable rate of interest as determined by the Trustee based on prevailing interest rates charged for similar loans in the loan market. Repayments of the loans are made in substantially equal payroll deductions amortized over the life of the loan. The loan must be repaid within five years unless the loan is used to purchase a primary residence, in which case the repayment period may not extend beyond ten years from the date of the loan. The principal amount of the loan, together with all accrued interest, shall immediately become due when the participant is no longer employed by the Company.

Forfeitures

Forfeited account balances are utilized to reduce future Company contributions or pay Plan fees. There was no forfeiture account balance as of December 31, 2011 or 2010. In 2010, Plan fees were reduced by \$4,769 from 2009 forfeited non-vested accounts.

Benefit Payments

A participant becomes eligible for benefits at the normal retirement date (age 65), at early retirement date (age 55 and five years of service), upon termination from the Company, or at the date the participant dies or becomes totally disabled. In addition, a participant is eligible to receive distributions without termination of employment upon attainment of age 59½ without penalty. A participant may elect to receive the benefits either as a lump-sum distribution, installment payments over a specified period of time, or a direct roll-over distribution.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.) **Administrative Expenses**

All expenses of the Plan are paid by the Company, with the exception of express mail service fees on participant withdrawal and loan checks and individual loan setup and maintenance fees which are charged to the respective individual participant accounts.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants would become 100% vested in their account balances.

2. Summary of Significant Accounting Policies **Basis of Accounting**

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that could affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition

Investments are stated at fair value, which is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for disclosure of the Plan's fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

Notes Receivable from Participants

Notes receivable from participants are segregated from Plan investments in the Statements of Net Assets Available for Benefits and valued at their unpaid principal balance plus any accrued but unpaid interest.

3. Information Prepared and Certified by the Trustee

All investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2011 and 2010, and net depreciation in fair value of investments, interest, dividends and investment expenses for the year ended December 31, 2011, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company, the Trustee.

The Plan's investments (including investments purchased, sold as well as held during the year) depreciated in fair value as determined by quoted market prices in the active market as follows:

<i>Year ended December 31,</i>	2011
Mutual funds	\$ (1,244,685)
	\$ (1,244,685)

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

3. Information Prepared and Certified by the Trustee (cont.)

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2011		2010	
Fidelity Capital Appreciation Fund	\$	1,280,971	\$	1,242,826
Fidelity Blue Chip Growth Fund	\$	1,674,387	\$	1,777,898
Fidelity Dividend Growth Fund	\$	1,544,940	\$	1,713,909
Fidelity Retirement Government Money Market Portfolio	\$	1,747,143	\$	2,028,340
Fidelity Freedom 2020 Fund	\$	2,431,230	\$	2,391,495
Fidelity Freedom 2025 Fund	\$	*	\$	1,234,277
Fidelity Freedom 2030 Fund	\$	1,264,688	\$	1,316,482
Rainier SM/Mid Cap Fund	\$	1,885,972	\$	2,099,521
Spartan U.S. Bond Index Fund	\$	1,208,174	\$	*

* Investment balance is less than 5%.

4. Fair Value Measurements

Fair value is measured according to a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means; and if the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

4. Fair Value Measurements (cont.)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	\$ 1,747,143	\$ -	\$ -	\$ 1,747,143
Fixed income	1,955,901	-	-	1,955,901
Balance	4,822,692	-	-	4,822,692
Growth	5,367,226	-	-	5,367,226
Value	868,603	-	-	868,603
Target date	7,535,704	-	-	7,535,704
Total assets at fair value				
	\$ 22,297,269	\$ -	\$ -	\$ 22,297,269

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	\$ 2,028,340	\$ -	\$ -	\$ 2,028,340
Fixed income	1,990,887	-	-	1,990,887
Balance	5,263,372	-	-	5,263,372
Growth	5,642,393	-	-	5,642,393
Value	885,784	-	-	885,784
Target date	7,955,854	-	-	7,955,854
Total assets at fair value				
	\$ 23,766,630	\$ -	\$ -	\$ 23,766,630

Mutual funds: The Plan's mutual funds are valued at quoted market prices which represent the net asset values of shares held by the Plan at year end.

Porex Corporation 401(k) Savings Plan

Notes to Financial Statements

-
- | | |
|--------------------------------------|--|
| 5. Income Tax Status | The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the Plan is qualified under Section 401(a) of the IRC; therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code; and therefore believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt. |
| 6. Risks and Uncertainties | The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. |
| 7. Related Party Transactions | Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity is the Trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. |
| 8. Subsequent Events | Subsequent events have been evaluated through September 18, 2012 the date the financial statements were available to be issued. |

Porex Corporation 401(k) Savings Plan
EIN: 52-1304561 Plan Number: 003

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

December 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Management Trust Co.	Rainier SM/Mid Cap Fund	**	\$ 1,885,972
		NB Partners Trust Fund	**	44,432
		Mainstay Large Cap Growth Fund	**	72,838
		Royce Low Priced Stock Fund	**	777,817
		West Asset Core Fund	**	196,751
		PIMCO Real Return Bond AD	**	200,744
		RS Partners Fund	**	233,648
		Fidelity Fund	**	453,058
		Fidelity Equity-Income Fund	**	689,610
		Fidelity Value Fund	**	178,993
		Fidelity Cap Appreciation Fund	**	1,280,971
		Fidelity Blue Chip Growth Fund	**	1,674,387
		Fidelity Diversified International Fund	**	990,469
		Fidelity Dividend Growth Fund	**	1,544,940
		Fidelity Freedom Income Fund	**	350,232
		Fidelity Freedom 2000 Fund	**	481,382
		Fidelity Freedom 2005 Fund	**	2,344
		Fidelity Freedom 2010 Fund	**	755,319
		Fidelity Freedom 2015 Fund	**	610,984
		Fidelity Freedom 2020 Fund	**	2,431,230
		Fidelity Freedom 2025 Fund	**	1,111,065
		Fidelity Freedom 2030 Fund	**	1,264,688
		Fidelity Freedom 2035 Fund	**	604,586
		Fidelity Freedom 2040 Fund	**	215,785
		Fidelity Freedom 2045 Fund	**	44,231
		Fidelity Freedom 2050 Fund	**	14,090
		Fidelity Retirement Government Money Market Portfolio	**	1,747,143
		Spartan U.S. Bond Index Fund	**	1,208,174
		Fidelity Spartan 500 Index Inv	**	1,072,324

Porex Corporation 401(k) Savings Plan
EIN: 52-1304561 Plan Number: 003

Schedule H, Line 4i, Schedule of Assets (Held at Year End) (cont.)

December 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Fidelity Spartan Extended Market Index Fund	**	91,843
		Fidelity Spartan International Index Fund	**	67,219
	Total Investments			22,297,269
*	Participant Loans	4.25% to 7.49%	-0-	723,674
				\$ 23,020,943

* Denotes party-in-interest to the Plan.

** Cost information has not been included in column (d) because all investments are participant-directed.



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November 29, 2012

Department of Labor
Frances Perkins Building,
200 Constitution Ave., NW
Washington, DC 20210

Porex Corporation 401k Savings Plan
Plan Name: Porex Corporation 401k Savings Plan
Tax Period: January 1, 2011 – December 31, 2011
Plan Number: 038
Tax Payer ID: 52-1304561

RE: Late 5500 Filing

This letter is to request a penalty abatement for failure to file our 5500 before October 15, 2012. Prior to the October 15th deadline, I uploaded the 5500 filing via the eFast online system, in which the filing was noted as submitted successfully along with my other filings. However, I recently learned this filing was not received and there is no history of the filing. After speaking with the eFast Support team there is not a way to track the reason a filing may have dropped from the system. One possibility could be is that I am recent hire to the company and my profile was updated from the previous person (Marty Drinks) that occupied my position. And this change occurred during this filing. Please be advised that once I was told that the 5500 filing was not received, I immediately resubmitted the filing.

I did not act in a willfully negligent manner and plan to work more closely with the eFast support team to ensure that our filings are received timely in the future. To date, our company has never had a late 5500 filing and for this reason, I am formally requesting a penalty abatement.

Under penalty of perjury, I declare that all of the above statements in this letter are true and accurate in all aspects.

A handwritten signature in black ink that reads "Martika Jackson". The signature is written in a cursive, flowing style.

Martika Jackson
Compensation and Benefits Manager
Porex Corporation
770.515.7734
martika.jackson@porex.com