2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001714

Entity Name: SAINT-GOBAIN SOLAR GARD, LLC

Current Principal Place of Business:

4540 VIEWRIDGE AVE. SAN DIEGO, CA 92123

Current Mailing Address:

20 MOORES ROAD MALVERN, PA 19355 US

FEI Number: 33-0972537 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 01, 2016

Secretary of State

CC1616209902

Authorized Person(s) Detail :

Title	P	Title	CEO, DIRECTOR
Name	NICOLI, STEPHANE	Name	KINISKY, THOMAS G
Address	4540 VIEWRIDGE AVE.	Address	31500 SOLON ROAD
City-State-Zip:	SAN DIEGO CA 92123	City-State-Zip:	SOLON OH 44139

Title VP, SECRETARY Title VP

NameFEAGANS, TIMOTHY LNameMESSMER, STEVEN FAddress20 MOORES ROADAddress20 MOORES ROADCity-State-Zip:MALVERN PA 19355City-State-Zip:MALVERN PA 19355

Title VP, TREASURER Title VICE PRESISENT, CFO Name SWEENEY, III, JOHN J NOUAILHAC, PHILIPPE Name Address 20 MOORES ROAD Address 20 MOORES ROAD City-State-Zip: MALVERN PA 19355 MALVERN PA 19355 City-State-Zip:

Title DIRECTOR Title VP

Name FLORIS, JEAN-PIERRE Name MAHE, LOIC

Address LES MIROIRS 20 MOORES ROAD LA DEFENSE CEDEX City-State-Zip: MALVERN PA 19355

City-State-Zip: PARIS 92096

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN MESSMER

VICE PRESIDENT

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date