

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003203

**Entity Name:** THE CEILING GRID COMPANY, LLC**Current Principal Place of Business:**20 MOORES ROAD  
MALVERN, PA 19355**Current Mailing Address:**20 MOORES ROAD  
MALVERN, PA 19355 US**FEI Number:** 46-2487562**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

**Authorized Person(s) Detail :**

Title PRESIDENT, DIRECTOR  
Name GALLO, REGAN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, CFO  
Name PLACIDET, ERIC J  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title SECRETARY  
Name PULEO, MICHAEL  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name MESSMER, STEVEN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title TREASURER, VP  
Name SWEENEY, III, JOHN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name BROWN, ERIC  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title CEO  
Name RAYFIELD, MARK  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name MEINERT, KENNETH  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

**Continues on page 2**

*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****03/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                   DIRECTOR  
Name                 PANARO, ROBERT  
Address             20 MOORES ROAD  
City-State-Zip:   MALVERN PA 19355

Title                   DIRECTOR  
Name                 SARRACINI, ANGELO  
Address             20 MOORES ROAD  
City-State-Zip:   MALVERN PA 19355