

**2023 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            DINENNA III, VINCENT  
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**

**04/25/2023**

\_\_\_\_\_  
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