

2024 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 DIRECTOR, VICE PRESIDENT
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 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

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

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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

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title VICE PRESIDENT
Name VOCKRODT, CHRISTOPHER
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name COMBS, KENDALL
Address 4540 VIEWRIDGE AVENUE
City-State-Zip: SAN DIEGO CA 92123