

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003203

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC9903719882**

**Entity Name:** THE CEILING GRID COMPANY, LLC

**Current Principal Place of Business:**

750 EAST SWEDES FORD ROAD  
VALLEY FORGE, PA 19482

**Current Mailing Address:**

750 EAST SWEDES FORD ROAD  
VALLEY FORGE, PA 19482

**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 MGR  
Name BODDEN, CARMEN  
Address 750 EAST SWEDES FORD ROAD  
City-State-Zip: VALLEY FORGE PA 19482

Title MGR  
Name PANARO, ROBERT J  
Address 750 EAST SWEDES FORD ROAD  
City-State-Zip: VALLEY FORGE PA 19482

Title MGR  
Name YOUNG, CHRISTOPHER  
Address 750 EAST SWEDES FORD ROAD  
City-State-Zip: VALLEY FORGE PA 19482

Title DIR  
Name BODDEN, CARMEN  
Address 750 E. SWEDES FORD ROAD  
City-State-Zip: VALLEY FORGE PA 19482

Title VO  
Name MESSMER, STEVEN  
Address 750 E. SWEDES FORD ROAD  
City-State-Zip: VALLEY FORGE PA 19482

Title MGR  
Name SWEENEY, III, JOHN  
Address 750 EAST SWEDES FORD ROAD  
City-State-Zip: VALLEY FORGE PA 19482

*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**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date