

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000948

Entity Name: DGI-MENARD INC.**Current Principal Place of Business:**150 EAST MAIN ST.
SUITE 500
CARNEGIE, PA 15106**Current Mailing Address:**150 EAST MAIN ST.
SUITE 500
CARNEGIE, PA 15106 US**FEI Number:** NOT APPLICABLE**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

Officer/Director Detail :

Title DIRECTOR
Name POISSON, EDOUARD
Address 150 EAST MAIN ST.
SUITE 500
City-State-Zip: CARNEGIE PA 15106

Title DIRECTOR
Name MASSE, FREDERIC
Address 150 EAST MAIN ST.
SUITE 500
City-State-Zip: CARNEGIE PA 15106

Title DIRECTOR
Name PEARLMAN, SETH
Address 150 EAST MAIN ST.
SUITE 500
City-State-Zip: CARNEGIE PA 15106

Title DIRECTOR
Name BLOOMFIELD, ROGER
Address 12001 SUNRISE VALLEY DRIVE
SUITE 400
City-State-Zip: RESTON VA 20191

Title CHAIRMAN OF THE BOARD
Name LACAZEDIEU, MARC
Address 2 RUE GUTENBERG
City-State-Zip: 91620 NOZAY

Title SECRETARY
Name HAMMERS, RICHARD
Address 150 EAST MAIN ST.
SUITE 500
City-State-Zip: CARNEGIE PA 15106

Title PRESIDENT
Name MASSE, FREDERIC
Address 150 EAST MAIN ST.
SUITE 500
City-State-Zip: CARNEGIE PA 15106

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD HAMMERS**SECRETARY****04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date