

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000948

Entity Name: DGI-MENARD INC.**Current Principal Place of Business:**275 MILLERS RUN ROAD
BRIDGEVILLE, PA 15017**Current Mailing Address:**275 MILLERS RUN ROAD
BRIDGEVILLE, PA 15017**FEI Number:** 54-2031153**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 LACAZEDIEU, MARC
Address 2 RUE GUTENBERG
City-State-Zip: NOZAY 91620

Title VP
Name SILVERMAN, LYLE V
Address 275 MILLERS RUN ROAD
City-State-Zip: BRIDGEVILLE PA 15017

Title PRESIDENT, CEO, DIRECTOR
Name PEARLMAN, SETH L
Address 275 MILLERS RUN ROAD
City-State-Zip: BRIDGEVILLE PA 15017

Title VP, DIRECTOR
Name MASSE, FREDERIC
Address 275 MILLERS RUN ROAD
City-State-Zip: BRIDGEVILLE PA 15017

Title CFO
Name HAMMERS, RICHARD A
Address 275 MILLERS RUN ROAD
City-State-Zip: BRIDGEVILLE PA 15017

Title DIRECTOR
Name LIAUSU, PHILLIPE
Address 2 RUE GUTENBERG
City-State-Zip: NOZAY 91620

Title DIRECTOR
Name BLOOMFIELD, ROGER
Address 21001 SUNRISE VALLEY DRIVE
SUITE 400
City-State-Zip: RESTON VA 20191

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: SETH PEARLMAN

PRESIDENT

01/21/2014

Electronic Signature of Signing Officer/Director Detail_____
Date