

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000556

**Entity Name:** SAINT-GOBAIN CORPORATION

**Current Principal Place of Business:**

20 MOORES ROAD  
MALVERN, PA 19355

**Current Mailing Address:**

20 MOORES ROAD  
MALVERN, PA 19355 US

**FEI Number:** 23-2615166

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 DIR, PRES, & CEO  
Name KINISKY, THOMAS  
Address 31500 SOLON ROAD  
City-State-Zip: SOLON OH 44139

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

Title VP  
Name NOUAILHAC, PHILIPPE  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, SECREARY  
Name FEAGANS, TIMOTHY L  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name MESSMER, STEVEN F  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, TREASURER  
Name SWEENEY, III, JOHN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name NUTSON, SUSAN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name ALTERMAN, LAUREN  
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 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:** STEVEN MESSMER

**VICE PRESIDENT**

**03/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name AUGUSTINE, MARK  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, ASST. SECRETARY  
Name GRAY, CAROL  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, CONTROLLER  
Name SCHOCK, TODD  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name FERRIGNO, CARMEN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name MASCARIN, DAVID  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name STYPULKOSKI, THOMAS  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355