

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003487

Entity Name: CERTAINTED CEILINGS CORPORATION**Current Principal Place of Business:**20 MOORES ROAD
MALVERN, PA 19355**Current Mailing Address:**20 MOORES ROAD
MALVERN, PA 19355 US**FEI Number:** 23-2817856**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 PRESIDENT, DIRECTOR
Name RAYFIELD, MARK
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title VP
Name MESSMER, STEVEN F
Address 750 E SWEDES FORD RD
City-State-Zip: VALLEY FORGE PA 19482

Title SECRETARY
Name YOUNG, CHRISTOPHER A
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

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

Title DIRECTOR, VP
Name BROWN, ERIC
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title VP, CFO
Name PLACIDET, ERIC
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title ASST. SECRETARY
Name FIELD, THOMAS
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title ASST. SECRETARY
Name OSBORN, THOMAS
Address ONE NEW BOND STREET
City-State-Zip: WORCESTER MA 01615

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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

04/21/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PULEO, MICHAEL
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title ASST. SECRETARY
Name YOUNG, ROBERT
Address ONE NEW BOND STREET
City-State-Zip: WORCESTER MA 01615

Title ASST. TREASURER
Name MELROY, DONALD
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title VICE PRESIDENT
Name DINOIA, TODD
Address 9 GODDARD ROAD
City-State-Zip: NORTHBORO MA 01532

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

Title ASST. SECRETARY
Name SMITH, CRAIG
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

Title ASST. TREASURER
Name DINENNA, III, VINCENT
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

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

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

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