

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000432

**Entity Name:** USG CORPORATION**Current Principal Place of Business:**550 W ADAMS STREET  
CHICAGO, IL 60661**Current Mailing Address:**550 W ADAMS STREET  
CHICAGO, IL 60661 US**FEI Number:** 36-3329400**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 ARMARIO, JOSE  
Address 415 SOUTH PARK AVENUE  
City-State-Zip: HINSDALE IL 60521

Title DIRECTOR  
Name CARTER, MATTHEW JR.  
Address 5194 RANCHO VERDE TRAIL  
City-State-Zip: SAN DIEGO CA 92130

Title DIRECTOR  
Name HERNANDEZ, WILLIAM H.  
Address 197 SPRINGMEADOW DRIVE  
City-State-Zip: PITTSBURGH PA 15241

Title DIRECTOR  
Name KENNEY, BRIAN A.  
Address 533 N. WASHINGTON STREET  
City-State-Zip: HINSDALE IL 60521

Title DIRECTOR  
Name BURKE, THOMAS A.  
Address 1500 DEKOVEN AVENUE  
City-State-Zip: RACINE WI 53403

Title DIRECTOR  
Name HAGGERTY, GRETCHEN R.  
Address 97 COUNTRY CLUB DRIVE  
City-State-Zip: PITTSBURGH PA 15241

Title TREASURER  
Name HILZINGER, MATTHEW F  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name LAVIN, RICHARD P.  
Address 4715 NORTH KNOXVILLE AVENUE  
City-State-Zip: PEORIA IL 61614

**Continues on page 2**

*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:** DANIEL E. RYAN**ASSISTANT TREASURER** 03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEER, STEVEN F.  
Address 419 ROCK DOVE DRIVE  
City-State-Zip: BOCA GRANDE FL 33921

Title ASSISTANT TREASURER  
Name RYAN, DANIEL E.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title VP  
Name VEERAMASUNENI, SRINIVAS  
Address 247 W. PRAIRIE WALK LANE  
City-State-Zip: ROUND LAKE IL 60073

Title VP  
Name PRESS, JEANETTE A.  
Address 1152 LONGWOOD DRIVE  
City-State-Zip: LISLE IL 60532

Title DIRECTOR, PRESIDENT  
Name SCANLON, JENNIFER FLYNN  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title VP  
Name WARREN, CREIGHTON S.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661