

**2016 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 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title VP, TREASURER  
Name BANAS, KENNETH R.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name BURKE, THOMAS A.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name CARTER, MATTHEW JR.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name HAGGERTY, GRETCHEN R.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name HERNANDEZ, WILLIAM H.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name KENNEY, BRIAN A.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name LAVIN, RICHARD P.  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

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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:** DANIEL E. RYAN

ASST. TREASURER

04/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LEER, STEVEN F.  
Address             550 W ADAMS STREET  
City-State-Zip:    CHICAGO IL 60661

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

Title                DIRECTOR, PRESIDENT, CEO  
Name                METCALF, JAMES S.  
Address             2 WEST DELAWARE PLACE  
                          UNIT 1908  
City-State-Zip:    CHICAGO IL 60610

Title                SECRETARY  
Name                WARNER, MICHELLE M.  
Address             550 W ADAMS STREET  
City-State-Zip:    CHICAGO IL 60661