

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005100

Entity Name: SAINT-GOBAIN SHARED SERVICES CORPORATION**Current Principal Place of Business:**20 MOORES ROAD
MALVERN, PA 19355**Current Mailing Address:**20 MOORES ROAD
MALVERN, PA 19355 US**FEI Number:** 20-3429712**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 PANARO, ROBERT
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, DIRECTOR
Name SWEENEY, JOHN JIII
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 19355

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

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

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

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