

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000239

**Entity Name:** USG INTERNATIONAL, LTD. INC.

**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: 36-2741313**

**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 VICE PRESIDENT AND ASSISTANT SECRETARY  
Name VLAMIS, GEORGIA  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name VLAMIS, GEORGIA  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title SECRETARY  
Name ADAMS, JENNIFER P.  
Address 550 W. ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title PRESIDENT, DIRECTOR  
Name FLANAGAN, RYAN  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

Title TREASURER  
Name GANCHEV, EVGENI  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

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

Title DIRECTOR  
Name VEERAMASUNENI, SRINIVAS  
Address 550 W ADAMS STREET  
City-State-Zip: CHICAGO IL 60661

*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: RYAN, DANIEL E.**

**VP, TAX**

**02/28/2023**

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

\_\_\_\_\_  
Date