

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004029

**Entity Name:** SAINT-GOBAIN GLASS CORPORATION**Current Principal Place of Business:**20 MOORES RD.  
MALVERN, PA 19355**Current Mailing Address:**20 MOORES RD.  
MALVERN, PA 19355 US**FEI Number:** 23-2910417**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 PD  
Name DUPIN, PATRICK E  
Address 18 AVENUE D'ALSACE CEDEX 30  
City-State-Zip: LA DEFENSE CEDEX 92096

Title S, VP  
Name GRAY, CAROL  
Address 20 MOORES RD  
City-State-Zip: MALVERN PA 19355

Title D  
Name KINISKY, THOMAS  
Address 31500 SOLON ROAD  
City-State-Zip: SOLON OH 44139

Title VP FINANCE  
Name PANARO, ROBERT  
Address 20 MOORES RD.  
City-State-Zip: MALVERN PA 19355

Title VP  
Name ARTAUD, STEPHANE  
Address NICOLAS BRAVO NO. 8, PARQUE  
INSUSTIRIAL C  
City-State-Zip: CUAUTLA 62741

Title T, VP  
Name SWEENEY, JOHN J III  
Address 20 MOORES RD.  
City-State-Zip: MALVERN PA 19355

Title VP TAX  
Name MESSMER, STEVEN F  
Address 20 MOORES RD.  
City-State-Zip: MALVERN PA 19355

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

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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****04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title ASST. SECRETARY  
Name PETTIBONE, JOHN S  
Address 20 MOORES RD.  
City-State-Zip: MALVERN PA 19355

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

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

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