

2020 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 PRESIDENT, DIRECTOR
Name CURTO, MANEUL
Address 20 MOORES ROAD
City-State-Zip: MALVERN PA 10355

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

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 VP FINANCE
Name PANARO, ROBERT
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

Title ASST. TREASURER
Name MELROY, DONALD J
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

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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****04/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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