

**2021 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            HACKNEY, LA-TOYA  
Address        20 MOORES ROAD  
City-State-Zip: MALVER 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  
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**

**04/21/2021**

\_\_\_\_\_ 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

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