

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005669

Entity Name: FIRESTONE BUILDING PRODUCTS COMPANY, LLC**Current Principal Place of Business:**250 W. 96TH STREET
INDIANAPOLIS, IN 46260**Current Mailing Address:**250 W. 96TH STREET
INDIANAPOLIS, IN 46260**FEI Number:** 20-5404918**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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**Authorized Person(s) Detail :**

Title	MANAGER
Name	DUNN, TIM
Address	250 W. 96TH STREET
City-State-Zip:	INDIANAPOLIS IN 46260

Title	MANAGER
Name	DELANEY, ROBERT
Address	250 W. 96TH STREET
City-State-Zip:	INDIANAPOLIS IN 46260

Title	MANAGER
Name	BOWMAN, JENNIFER
Address	250 W. 96TH STREET
City-State-Zip:	INDIANAPOLIS IN 46260

Title	MANAGER
Name	GARFIELD, GARY A
Address	535 MARRIOTT DRIVE
City-State-Zip:	NASHVILLE TN 37214

Title	MANAGER
Name	NICASTRO, CHRISTOPHER
Address	535 MARRIOTT DRIVE
City-State-Zip:	NASHVILLE TN 37214

Title	MANAGER
Name	KNAPP, GORDON
Address	535 MARRIOTT DRIVE
City-State-Zip:	NASHVILLE TN 37214

Title	MANAGER
Name	SUZUKI, MICHIIRO
Address	535 MARRIOTT DRIVE
City-State-Zip:	NASHVILLE TN 37214

Title	MANAGER
Name	THOMPSON, BILL
Address	535 MARRIOTT DRIVE
City-State-Zip:	NASHVILLE TN 37214

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER NICASTRO**MANAGER****03/26/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date