

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004218

Entity Name: CERTAINTED GYPSUM AND CEILING MANUFACTURING, INC.**Current Principal Place of Business:**4300 WEST CYPRESS STREET
SUITE 500
TAMPA, FL 33607-4157**Current Mailing Address:**4300 WEST CYPRESS STREET
SUITE 500
TAMPA, FL 33607-4157 US**FEI Number:** 98-0226859**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	SECRETARY
Name	RAYBURN, D. LAWRENCE (LARRY)
Address	4300 W. CYPRESS ST. SUITE 500
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT, DIRECTOR
Name	ENGELHARDT, DAVID
Address	4300 W. CYPRESS ST. SUITE 500
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	SWEENEY III, JOHN
Address	750 E. SWEDES FORD RD.
City-State-Zip:	VALLEY FORGE PA 19482

Title	VP, CFO
Name	CAMPBELL, KEITH
Address	750 E. SWEDES FORD ROAD
City-State-Zip:	VALLEY FORGE PA 19482

Title	VP
Name	MESSMER, STEVEN
Address	750 E. SWEDES FORD ROAD
City-State-Zip:	VALLEY FORGE PA 19482

Title	GM, DIR
Name	THAYER, GRAHAM
Address	750 E. SWEDES FORD ROAD
City-State-Zip:	VALLEY FORGE PA 19482

Title	VP, DIR
Name	WILLIAMS, DARRELL
Address	750 E. SWEDES FORD ROAD
City-State-Zip:	VALLEY FORGE PA 19482

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

04/07/2014

Electronic Signature of Signing Officer/Director Detail_____
Date