

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005632

**Entity Name:** CERTAINTEED GYPSUM, INC.

**Current Principal Place of Business:**

20 MOORES ROAD  
MALVERN, PA 19355

**Current Mailing Address:**

20 MOORES ROAD  
MALVERN, PA 19355 US

**FEI Number:** 04-3718860

**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 PULEO, MICHAEL  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR, CEO  
Name RAYFIELD, MARK  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title TREASURER, VP  
Name SWEENEY III, JOHN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, CFO  
Name PLACIDET, ERIC  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name MESSMER, STEVEN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP, DIR  
Name HAWKINS, STEPHEN  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name FAULK, REBECCA  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name MAYER, PETER  
Address 20 MOORES ROAD  
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 VP  
Name APELIAN, MINAS  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR, PRESIDENT  
Name WALKER, MATTHEW  
Address 20 MOORES ROAD  
City-State-Zip: MALVERN PA 19355