

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003780

Entity Name: GUARDIAN BUILDING PRODUCTS, INC.**Current Principal Place of Business:**979 BATESVILLE ROAD
GREER, SC 29651**Current Mailing Address:**979 BATESVILLE ROAD
GREER, SC 29651**FEI Number:** 58-1968171**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 BECKER, JAMES R.
Address 979 BATESVILLE ROAD
City-State-Zip: GREER SC 29651

Title SECRETARY, DIRECTOR
Name PASTORE, THOMAS
Address 2300 HARMON RD.
City-State-Zip: AUBURN HILLS MI 48326

Title DIRECTOR
Name VAUPEL, RONALD D
Address 2300 HARMON ROAD
City-State-Zip: AUBURN HILLS MI 48326

Title CFO
Name NELLI, WILLIAM F
Address 979 BATESVILLE ROAD
City-State-Zip: GREER SC 29651

Title ASST. SECRETARY
Name METZ, MICHAEL M
Address 2300 HARMON ROAD
City-State-Zip: AUBURN HILLS MI 48326

Title ASST. TREASURER
Name LEV, JEFFREY B
Address 2300 HARMON ROAD
City-State-Zip: AUBURN HILLS MI 48326

Title ASSISTANT TREASURER
Name TEAL, TOBIAS L.
Address 2300 HARMON ROAD
City-State-Zip: AUBURN HILLS MI 48326

Title TREASURER
Name WOODWARD, ERIC C.
Address 2300 HARMON ROAD
City-State-Zip: AUBURN HILLS MI 48326

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: THOMAS M. PASTORE**SECRETARY****04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date