

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000759

**Entity Name:** STANDARD BUILDING SOLUTIONS INC.

**Current Principal Place of Business:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

C/O TAX DEPARTMENT  
P.O. BOX 6210  
PARSIPPANY, NJ 07054 US

**FEI Number:** 22-3276290

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, DIRECTOR, CHIEF  
LEGAL OFFICER  
Name POLLACK, JASON  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title CO-CEO, DIRECTOR  
Name MILLSTONE, DAVID  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title CEO, DIRECTOR  
Name WINTER, DAVID  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title TREASURER  
Name GIANUKAKIS, JOHN  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name SOUTH, HAMILTON  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title HEAD OF TAX, ASSISTANT  
SECRETARY  
Name DICK, ARLENE  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name SOUTH, HAMILTON  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title CFO, DIRECTOR  
Name MAITNER, JOHN M  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

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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:** JASON POLLACK

**SECRETARY**

**02/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHIEF TAX COUNSEL  
Name FELDMAN, LOUIS  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054