

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004292

FILED
Mar 19, 2009
Secretary of State

Entity Name: W. R. GRACE & CO.

Current Principal Place of Business:

7500 GRACE DRIVE
COLUMBIA, MD 21044 US

New Principal Place of Business:

Current Mailing Address:

C/O MOLLIE K. SPRINKLE
7500 GRACE DRIVE
COLUMBIA, MD 21044 US

New Mailing Address:

ATTENTION: MOLLIE K. SPRINKLE
7500 GRACE DRIVE
COLUMBIA, MD 21044 US

FEI Number: 65-0773649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: FESTA, ALFRED E
Address: 7500 GRACE DRIVE
City-St-Zip: COLUMBIA, MD 21044

Title: SVP () Delete
Name: MCGOWAN, W. BRIAN
Address: 7500 GRACE DRIVE
City-St-Zip: COLUMBIA, MD 21044

Title: VP () Delete
Name: BONHAM, D. ANDREW
Address: 62 WHITTEMORE AVENUE
City-St-Zip: CAMBRIDGE, MA 02140

Title: CFO () Delete
Name: TAROLA, ROBERT M
Address: 7500 GRACE DRIVE
City-St-Zip: COLUMBIA, MD 21044

Title: S () Delete
Name: SHELNITZ, MARK A
Address: 7500 GRACE DRIVE
City-St-Zip: COLUMBIA, MD 21044

Title: VP () Delete
Name: CORCORAN, WILLIAM M
Address: 7500 GRACE DRIVE
City-St-Zip: COLUMBIA, MD 21044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: LA FORCE III, HUDSON
Address: 7500 GRACE DRIVE
City-St-Zip: COLUMBIA, MD 21044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK A. SHELNITZ

S

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date