## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 804671** 

Entity Name: W.R. GRACE & CO. - CONN.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
7500 GRACE DR COLUMBIA, MD 21044								
Current Mailing Address:				New Mailing Address:				
C/O MOLLIE K. SPRINKLE 7500 GRACE DRIVE COLUMBIA, MD 21044			ATTENTION: MOLLIE K. SPRINKLE 7500 GRACE DRIVE COLUMBIA, MD 21044					
FEI Number: 13-5114230 FEI Number Applied For ( ) FEI Nu			FEI Nun	mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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			
Election Campaign Financing Trust Fund Contribution ( ).								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () E FESTA, ALFRED 7500 GRACE DR COLUMBIA, MD	IVE		Title: Name: Address: City-St-Zip:	DP (X) FESTA, ALFREI 7500 GRACE D COLUMBIA, MD	RIVE	) Addition	
Title: Name: Address: City-St-Zip:	DSVP ()E TAROLA, ROBER 7500 GRACE DR COLUMBIA, MD	IVE		Title: Name: Address: City-St-Zip:	DSVP (X) LA FORCE III, H 7500 GRACE D COLUMBIA, MD	RIVE		
Title: Name: Address: City-St-Zip:	VP () E POLING, GREGO 7500 GRACE DR COLUMBIA, MD	IVE		Title: Name: Address: City-St-Zip:	()	Change (	) Addition	
Title: Name: Address: City-St-Zip:	SVP () E MCGOWAN, W. E 7500 GRACE DR COLUMBIA, MD	BRIAN IVE		Title: Name: Address: City-St-Zip:	()	Change (	) Addition	
Title: Name: Address: City-St-Zip:	S () E SHELNITZ, MARI 7500 GRACE DR COLUMBIA, MD			Title: Name: Address: City-St-Zip:	DVPS (X) SHELNITZ, MAR 7500 GRACE D COLUMBIA, MD	R	) Addition	
Title: Name: Address: City-St-Zip:	VP () E CORCORAN, WII 7500 GRACE DR COLUMBIA, MD	IVE		Title: Name: Address: City-St-Zip:	()	Change (	) Addition	

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