

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823216

(7)

1. Corporation Name

W.R. GRACE LAND CORPORATION

Principal Place of Business

**C/O W.R. GRACE & CO.
ONE TOWN CENTER RD
BOCA RATON FL 33486**

Mailing Address

**C/O W.R. GRACE & CO.
ONE TOWN CENTER RD
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1969

3a. Date of Last Report

05/01/1994

4. FEI Number

13-2677646

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NAGY, A.L.
STREET ADDRESS	ONE TOWN CENTER RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	NEEVES, J.P.
STREET ADDRESS	ONE TOWN CENTER RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	BUTLER, J. M.
STREET ADDRESS	ONE TOWN CENTER RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	MICHEL, S.
STREET ADDRESS	ONE TOWN CENTER RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	HOUGHN, P. D.
STREET ADDRESS	ONE TOWN CENTER RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	AT
NAME	CHADER, G. H.
STREET ADDRESS	ONE TOWN CENTER RD
CITY - ST - ZIP	BOCA RATON FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, on an attached list with an address.

SIGNATURE:

P.D. Houghn

4/19/95

407-362-1306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number