

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90082 010 ***150.00

DOCUMENT # 823216

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

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 owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 1750 Clint Moore Road

Suite, Apt. #, etc.

22 City & State

23 Boca Raton

24 Zip

FL

Country

25 33487

2a. Mailing Address

26 1750 Clint Moore Road

Suite, Apt. #, etc.

27 City & State

28 Boca Raton

29 Zip

FL

Country

30 33487

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

TITLE PD ☐ DELETE

NAME NAGY, A.L.
STREET ADDRESS ONE TOWN CENTER RD
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☒ DELETE

NAME ELLBERGER, LARRY
STREET ADDRESS ONE TOWN CENTER ROAD
CITY-ST-ZIP BOCA RATON FL 33486

TITLE AT ☐ DELETE

NAME CREMIN, TIMOTHY M
STREET ADDRESS ONE TOWN CENTER RD.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE S ☐ DELETE

NAME MICHEL, S
STREET ADDRESS ONE TOWN CENTER RD.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE T ☐ DELETE

NAME MCMAHON, PAUL
STREET ADDRESS ONE TOWN CENTER RD.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE AS ☒ DELETE

NAME LAMM, ROBERT B
STREET ADDRESS ONE TOWN CENTER RD.
CITY-ST-ZIP BOCA RATON FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature and Typed or Printed Name of Signing Officer or Director
Timothy M. Cremin, Assistant Treasurer 3/29/99

Date

Daytime Phone #

CR2E034 (11/98)