FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 PM 3:18

DOCUMENT # **829888** **(7)**

1. Corporation Name

W. R. GRACE PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O W. R. GRACE & CO ONE TOWN CENTER ROAD BOCA RATON FL 33486	C/O W. R. GRACE & CO ONE TOWN CENTER ROAD BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1973	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-2660688 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. ~~110 NORTH MAGNOLIA STREET~~ ~~TALLAHASSEE FL 32301~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Suite 105 83 84 City: Tallahassee FL 85 Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	NAGY, A. L.	12 NAME		
STREET ADDRESS	ONE TOWN CENTER RD	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	NEEVES, J.P.	22 NAME		
STREET ADDRESS	ONE TOWN CENTER RD	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	~~HOUCHIN, D. P.~~	32 NAME	P. D. Houchin	
STREET ADDRESS	ONE TOWN CENTER RD	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	BUTLER, J. M.	42 NAME		
STREET ADDRESS	ONE TOWN CENTER RD	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	MICHEL, S.	52 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP		
TITLE	~~AT~~	61 TITLE	Assistant Secretary	☒ Change ☒ Addition
NAME	~~GHADER, Q. H.~~	62 NAME	R.B. Lamm	
STREET ADDRESS	~~ONE TOWN CENER RD.~~	63 STREET ADDRESS	One Town Center Rd	
CITY-ST-ZIP	~~BOCA RATON FL~~	64 CITY-ST-ZIP	Boca Raton, FL 33486	

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 119.07(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, or on an attachment with an address.

SIGNATURE: P.D. Houchin P.D. Houchin, Treasurer 6/14/95 407-362-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276326 CP