

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005817**

1. Entity Name

W.R. GRACE FOUNDATION, INC.



Principal Place of Business

7500 GRACE DR  
COLUMBIA, MD 21044

Mailing Address

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



01112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0630671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCGOWAN, W. BRIAN
STREET ADDRESS	7500 GRACE DR
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	S
NAME	SHELNITZ, MARK A
STREET ADDRESS	7500 GRACE DR
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	T
NAME	TAROLA, ROBERT M
STREET ADDRESS	7500 GRACE DR
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	VD
NAME	CORCORAN, WILLIAM M
STREET ADDRESS	7500 GRACE DR
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	D
NAME	NORRIS, PAUL J
STREET ADDRESS	7500 GRACE DR
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	ASAT
NAME	JOHNSON, MARIHELEN
STREET ADDRESS	7500 GRACE DR.
CITY-ST-ZIP	COLUMBIA, MD 21044

U000000358439  
05/04/05-80115-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mark A. Shelnitz*

Mark A. Shelnitz

1/11/05

410/531-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #