2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N95000005817

Entity Name: W.R. GRACE FOUNDATION, INC.

Current Principal Place of Business:

7500 GRACE DR
COLUMBIA, MD 21044

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0630671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	MCGOWAN, W. BRIAN	
Address:	7500 GRACE DR	
City-St-Zip:	COLUMBIA, MD 21044	
Title:	S	( ) Delete
Name:	SHELNITZ, MARK A	
Address:	7500 GRACE DR	
City-St-Zip:	COLUMBIA, MD 21044	
Title:	T	( ) Delete
Name:	TAROLA, ROBERT M	
Address:	7500 GRACE DR	
City-St-Zip:	COLUMBIA, MD 21044	
Title:	VD	( ) Delete
Name:	CORCORAN, WILLIAM M	
Address:	7500 GRACE DR	
City-St-Zip:	COLUMBIA, MD 21044	
Title:	D	( ) Delete
Name:	FESTA, ALFRED E	
Address:	7500 GRACE DR	
City-St-Zip:	COLUMBIA, MD 21044	
Title:	ASAT	( ) Delete
Name:	JOHNSON, MARIHELEN	
Address:	7500 GRACE DR.	
City-St-Zip:	COLUMBIA, MD 21044	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CORCORAN, WILLIAM M	
Address:	7500 GRACE DR	
City-St-Zip:	COLUMBIA, MD 21044	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CORCORAN, WILLIAM M	
Address:	7500 GRACE DR.	
City-St-Zip:	COLUMBIA, MD 21044	

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 617, 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 01/31/2008

Electronic Signature of Signing Officer or Director — Date