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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

|                                                             |                                                                                                                                           |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| CR2BC061 11/11/95                                           |                                                                                                                                           |
| 4. Date Incorporated or Qualified To Do Business in Florida | 12/11/1995                                                                                                                                |
| 5. FEI Number                                               | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                |
| 65-0630671                                                  |                                                                                                                                           |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   | <input checked="" type="checkbox"/> Full and Complete<br><input type="checkbox"/> Partial and Incomplete<br><input type="checkbox"/> None |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Stephanie Wilcox Vest, V.A. Date: 3/26/2012

REGISTERED AGENT MUST SIGN

| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                   |                                                |                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------|--------------------|
| Titles                                                                                                                        | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|                                                                                                                               | Please see the attachment         |                                                |                    |
|                                                                                                                               |                                   |                                                |                    |
|                                                                                                                               |                                   |                                                | 09-12              |
|                                                                                                                               |                                   |                                                | MAR 20 2012        |
|                                                                                                                               |                                   |                                                | T. SCOTT           |

10. E-mail Address: angela.wilkinson@grace.com (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 of 1917, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Mark A. Shelnitz Mark A. Shelnitz, V.P. 3/30/2012 410-531-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Dextime Phone # \_\_\_\_\_

N95000005817

3-20-12

ATTACHMENT

W. R. Grace Foundation, Inc. Directors and Officers

|                     |                                                 |
|---------------------|-------------------------------------------------|
| Pamela K. Wagoner   | Director, Chairman                              |
| Hudson La Force III | Director, Vice Chairman                         |
| Mark A. Shelnitz    | Director, Vice Chairman and Assistant Secretary |
| William C. Dockman  | Vice Chairman and Treasurer                     |
| Mike Jones          | Executive Director                              |
| Janet Davis         | Deputy Executive Director                       |
| Dianna Matteson     | Deputy Executive Director                       |

All addresses are:

7500 Grace Drive, Columbia, MD 21044

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
W.R. GRACE FOUNDATION, INC.**

|                       |          |
|-----------------------|----------|
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