

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90518 003 ****61.25

DOCUMENT # N95000005817

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



30011430



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**7500 GRACE DR
COLUMBIA MD 21044**

Mailing Address

**C/O M.K. SPRINKLE
7500 GRAVE DRIVE
COLUMBIA MD 21044**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o M. K. Sprinkle

Suite, Apt. #, etc.

7500 GRACE Drive

**City & State
Columbia, MD 21044**

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MCGOWAN, W. BRIAN
7500 GRACE DR
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHELNITZ, MARK A
7500 GRACE DR
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TAROLA, ROBERT M
7500 GRACE DR
COLUMBIA MD 21044** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CORCORAN, WILLIAM M
7500 GRACE DR
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NORRIS, PAUL J
7500 GRACE DR
COLUMBIA MD 21044** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Brian McGowan

1/24/03

410/531-4191

CR2E037 (10/02)