

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90263 010 \*\*\*150.00

**DOCUMENT # P03998**

1. Entity Name

W. L. GORE & ASSOCIATES, INC.



Principal Place of Business

555 PAPER MILL ROAD  
NEWARK, DE 19711-7513

Mailing Address

PO BOX 9329  
NEWARK, DE 19714 US

**DO NOT WRITE IN THIS SPACE**



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number

51-0083365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVITSKY, ROBERT J  
% WL GORE & ASSOCIATES, INC  
405 DOUGLAS AVE, SUITE 2705  
ALTAMONTE SPRINGS, FL 32714

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE CD  
NAME GORE, ROBERT W.  
STREET ADDRESS 465 POLLY DRUMMOND HILL RD  
CITY-ST-ZIP NEWARK, DE 19711

TITLE AS  
NAME WILLIAMS, A. HOLLIDAY  
STREET ADDRESS P.O. BOX 9329  
CITY-ST-ZIP NEWARK, DE 19714

TITLE D  
NAME ROBERTSON, CHARLES L.  
STREET ADDRESS 110 TUADDELL MILL RD  
CITY-ST-ZIP WILMINGTON, DE 19807

TITLE PD  
NAME CARROLL, CHARLES E  
STREET ADDRESS 22 JOSH'S WAY  
CITY-ST-ZIP LANDENBERG, PA 19350

TITLE D  
NAME GIOVALE, VIRGINIA G.  
STREET ADDRESS 1360 NORTH ROCKRIDGE RD  
CITY-ST-ZIP FLAGSTAFF, AZ 86001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*A. Holliday Williams* A. HOLLIDAY WILLIAMS 03-16-06 (302) 738-4880