2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03998

1. Entity Name
W. L. GORE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
555 PAPER MILL ROAD NEWARK, DE 19711-7513	PO BOX 9329 NEWARK, DE 19714 US

02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	D
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	PD
NAME	KELLY, TERRI L
STREET ADDRESS	2536 DEEPWOOD DR
CITY-ST-ZIP	WILMINGTON, DE 19810

U00000828789
02/26/08-80014-010 150.00

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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: _____ 2/6/08 302 292 4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #