2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03998

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

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
555 PAPER	R MILL ROAD DE 19711751				
Current Mailing Address:			New Mailii	New Mailing Address:	
PO BOX 93 NEWARK,		US			
FEI Number:	51-0083365	FEI Number Applied For()	FEI Number Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
% WL GOF 405 DOUG ALTAMON	named entity s	ITE 2705 FL 32714 US	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Agent		Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GORE, ROBER	UMMOND HILL RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () WILLIAMS, A. H P.O. BOX 9329 NEWARK, DE		Title: Name: Address: City-St-Zip:	S (X) Change () Addition WILLIAMS, A. HOLLIDA, Y P.O. BOX 9329 NEWARK, DE 19714	
Title: Name: Address: City-St-Zip:	D () ROBERTSON, 110 TUADDELL WILMINGTON,	. MILL RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ROBERTSON, CHARLES L, . 110 TWADDELL MILL RD WILMINGTON, DE 19807	
Title: Name: Address: City-St-Zip:	D () CARROLL, CH/ 22 JOSH'S WA LANDENBERG	Y	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GIOVALE, VIRO	OCKRIDGE RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GIOVALE, VIRGINIA G., 361 EAST HORNY TOAD ROAD FLAGSTAFF, AZ 86001	
Title: Name: Address: City-St-Zip:	PD () KELLY, TERRI 2536 DEEPWO WILMINGTON,	OD DR	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition KELLY, TERRI L 306 NORTH ASHVIEW LANE GREENVILLE, DE 19807	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. HOLLIDAY WILLIAMS S 02/27/2009