

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

GRACE PAR CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0379844**

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN J L PROSSER
7500 GRACE DRIVE

CITY/ST/ZIP: COLUMBIA, MD 21044

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ALFRED E FESTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7500 GRACE DRIVE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	HUDSON LA FORCE III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7500 GRACE DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	MARK A SHELNITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7500 GRACE DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	WILLIAM C DOCKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7500 GRACE DR		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	ELYSE FILON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6001 BROKEN SOUND PKWY NW		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		

NAME:	DONALD J TEICHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6001 BROKEN SOUND PKWY NW		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		

NAME:	JOHN A MCFARLAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7500 GRACE DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOHN A MCFARLAND	JOHN A MCFARLAND,	2/27/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.