

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **819788** (1)  
1. Corporation Name  
**BATTELLE MEMORIAL INSTITUTE**



Principal Place of Business: **505 KING AVENUE COLUMBUS OH 43201 US**  
Mailing Address: **505 KING AVENUE COLUMBUS OH 43201 US**

3. Date Incorporated or Qualified: **08/05/1966**  
3a. Date of Last Report: **01/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>31-4379427</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COLE, W. WARREN, JR.</b> <b>150 MAGNOLIA AVENUE</b> <b>DAYTONA BEACH FL 32115</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VID</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLESEN, D.E.</b>	1.2 NAME	<b>Dr. Morris Tanenbaum</b>
STREET ADDRESS	<b>505 KING AVENUE</b>	1.3 STREET ADDRESS	<b>505 King Avenue</b>
CITY-ST-ZIP	<b>COLUMBUS OH</b>	1.4 CITY-ST-ZIP	<b>Columbus Ohio 43201</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VID</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAHLMANN, J.R.</b>	2.2 NAME	<b>Dr. John Hopfield</b>
STREET ADDRESS	<b>505 KING AVE</b>	2.3 STREET ADDRESS	<b>505 King Avenue</b>
CITY-ST-ZIP	<b>COLUMBUS OH</b>	2.4 CITY-ST-ZIP	<b>Columbus Ohio 43201</b>
TITLE	<b>Chairman of the Board</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, W.S., JR.</b>	3.2 NAME	<b>White, W.S., Jr.</b>
STREET ADDRESS	<b>505 KING AVENUE</b>	3.3 STREET ADDRESS	<b>505 King Avenue</b>
CITY-ST-ZIP	<b>COLUMBUS OH</b>	3.4 CITY-ST-ZIP	<b>Columbus 43201</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRYAN, D.W.</b>	4.2 NAME	
STREET ADDRESS	<b>505 KING AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOSTER, J.H.</b>	5.2 NAME	
STREET ADDRESS	<b>505 KING AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>7000018528</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILEY, W.R.</b>	6.2 NAME	<b>-07/03/96--01022--009</b>
STREET ADDRESS	<b>BATTELLE BLVD</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>RICHLAND WA</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Daniel W. O'Bryan, Asst. Treas.** 4/26/96 (614)424-5401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)