


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 819788  
1. Corporation Name  
**BATTELLE MEMORIAL INSTITUTE**

Principal Place of Business <b>505 King Avenue Columbus, Ohio 43201</b>	Mailing Address <b>505 King Avenue Columbus, OH 43201</b>
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3. Date Incorporated or Qualified  
**8/05/1966**

4. EIN Number  
**31-4579427**

Applied For  
 Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**Cole W. Warren, Jr.  
150 Magnolia Ave.  
Daytona Beach, FL 32115**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. City  
**FL** 85. Zip Code

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOT: Registered Agent's signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>Olesen, D.E.</b>
STREET ADDRESS	<b>505 King Avenue Columbus OH 43201</b>
CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>Bahlman, J.R.</b>
STREET ADDRESS	<b>505 King Avenue Columbus, OH 43201</b>
CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>White, W.S., Jr.</b>
STREET ADDRESS	<b>505 King Avenue Columbus, OH 43201</b>
CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>O'Bryan, D.W.</b>
STREET ADDRESS	<b>505 King Avenue Columbus, OH 43201</b>
CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>Kontos, M.W.</b>
STREET ADDRESS	<b>505 King Avenue Columbus, OH 43201</b>
CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>McCoy, J.B.</b>
STREET ADDRESS	<b>505 King Avenue Columbus, OH 43201</b>
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Anders, W.A.</b>
1.3 STREET ADDRESS	<b>505 King Avenue Columbus, OH 43201</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*Y/L*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **D.W. O'Bryan** 5/8/98 604-424-5401  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (10/97)