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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 819788

1. Corporation Name

### **BATTELLE MEMORIAL INSTITUTE**

Principal Place of Busin
505 KING AVENUE
COLUMBUS OH 43201
US

Mailing Address

505 KING AVENUE COLUMBUS OH 43201

# FILED May 08, 1999 8:00 am § Secretary of State

05-08-1999 90056 045 \*\*\*\*61.25

|--|

		-							
2. Principal P	Principal Place of Business . 2a. Mailing Address				3. Date Incorporated or Qualifed	<u> </u>			
21	26				08/05/1966		<del></del>		
Suite, Apt. #, etc.					4. FEI Number 31-4379427		<del>}</del>	plied For	
22		27			314318421			Applicable	
City & State	e	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Re		
Zip	Country Zip Co				6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30				Trust Fund Contribution		Added t	o Fees	
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New I	Registered A	igent		
				81 Name					
COLE, W.	. Warren, Jr.		8:	82 Street Address (P.O. Box Number is Not Acceptable)					
150 MAG	nolia avenue		<u> </u>	_					
DAYTONA	A BEACH FL 32115		8:	83					
			84	4 City			85 Zip (	Code	
				July		FL			
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	y the corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoin	itment as rec	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Ag	ent signature regu	uired when reinstating)	DATE			
12.	OFFICERS ANI		13.	,	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	OLESEN, D.E.		1.2 NAME						
STREET ADDRESS	505 KING AVENUE		13 STREE	ET ADDRESS					
CITY-ST-ZIP	COLUMBUS OH 43201		1.4 CITY-						
TITLE	VS	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	BAHLMANN, J.R.		2.2 NAME		<b>/</b>		-	-	
STREET ADDRESS	505 KING AVENUE		l	ET ADDRESS					
CITY-ST-ZIP	COLUMBUS OH 43201		2. 4 CITY-						
TITLE	CD	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	WHITE, W.S., JR.		3.2 NAME	- 1					
STREET ADDRESS	505 KING AVENUE		1	ET ADDRESS					
	COLUMBUS OH 43201		3.4. CITY-						
CITY-ST-ZIP TITLE	AT	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	O'BRYAN, D.W.		4. 2 NAME						
	505 KING AVENUE			ET ADDRESS					
STREET ADDRESS	COLUMBUS OH 43201								
CITY-ST-ZIP TITLE	VT	☐ DELETE	4.4 CITY- 5.1 TITLE				Change	[ ] Addition	
	KONTOS M.W.,		5.2 NAME				99		
NAME	505 KING AVENUE			ET ADDRESS					
STREET ADDRESS	COLUMBUS OH 43201		5.4 CITY-			•			
CITY-ST-ZIP	VD	☐ DELETE	6.1 TITLE	1			[] Change	Addition	
TITLE	, -		6.2 NAME	Ì			C Change	. المسامة ، رسا	
NAME	MCCOY, JOHN B								
STREET ADDRESS	505 KING AVENUE			ET ADDRESS					
CITY-ST-ZIP	COLUMBUS OH 43201		6.4 CITY-	ST-ZIP					

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, with all other like empowered.

SIGNATURE:

Dan i el INC FO /B TY a INC. DECENTAGE OF DESCRIPTION OF SIGNING OFFICER OR DIRECTOR