

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90044 024 \*\*\*\*61.25

**DOCUMENT # 819788**

1. Entity Name

**BATTELLE MEMORIAL INSTITUTE**

Principal Place of Business

**505 KING AVENUE  
 COLUMBUS OH 43201  
 US**

Mailing Address

**505 KING AVENUE  
 COLUMBUS OH 43201  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**31-4379427**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLE, W. WARREN, JR.  
 150 MAGNOLIA AVENUE  
 DAYTONA BEACH FL 32115**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLESEN, D.E.</b>	
STREET ADDRESS	<b>505 KING AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43201</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>BAHLMANN, J.R.</b>	
STREET ADDRESS	<b>505 KING AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43201</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERS, W A</b>	
STREET ADDRESS	<b>505 KING AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43201</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRYAN, D.W.</b>	
STREET ADDRESS	<b>505 KING AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43201</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>KONTOS M.W.,</b>	
STREET ADDRESS	<b>505 KING AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43201</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MCCOY, JOHN B</b>	
STREET ADDRESS	<b>505 KING AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43201</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President &amp; CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kohrt, C.F.</b>	
STREET ADDRESS	<b>505 King Avenue</b>	
CITY-ST-ZIP	<b>Columbus, OH 43201</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Associate Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Daniel W. O'Bryan**

Date

Daytime Phone #

**4/17/02**

**614-424-5725**

CR2E037 (9/01)