


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 31-4379427

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000045942
 02/11/04-80083-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOHRT, C.F. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAHLMANN, J.R. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD ANDERS, W A 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT O'BRYAN, D.W. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KONTOS M.W., 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, JOHN B 505 KING AVENUE COLUMBUS, OH 43201

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Daniel W O'Bryan Assist Treasurer 2/3/04 (614)424-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #