

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819788

FILED
Apr 19, 2011
Secretary of State

Entity Name: BATTELLE MEMORIAL INSTITUTE

Current Principal Place of Business:

505 KING AVENUE
RM A-210
COLUMBUS, OH 43201 US

New Principal Place of Business:

Current Mailing Address:

505 KING AVENUE
RM A-210
COLUMBUS, OH 43201 US

New Mailing Address:

505 KING AVENUE
RM A-210
COLUMBUS, OH 43201

FEI Number: 31-4379427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: WADSWORTH, J
Address: 505 KING AVENUE
City-St-Zip: COLUMBUS, OH 43201 US

Title: S
Name: AUSTIN, R. P
Address: 505 KING AVENUE
City-St-Zip: COLUMBUS, OH 43201 US

Title: D
Name: BAILEY, V. A
Address: 505 KING AVENUE
City-St-Zip: COLUMBUS, OH 43201 US

Title: AT
Name: SHARPE, T. E
Address: 505 KING AVENUE
City-St-Zip: COLUMBUS, OH 43201 US

Title: VP
Name: INGLIS, I. M
Address: 505 KING AVENUE
City-St-Zip: COLUMBUS, OH 43201 US

Title: D
Name: MCCOY, J. B
Address: 505 KING AVENUE
City-St-Zip: COLUMBUS, OH 43201 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS E. SHARPE

AT

04/19/2011

Electronic Signature of Signing Officer or Director

Date