

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819788

FILED
Apr 22, 2015
Secretary of State
CC4911546560

Entity Name: BATTELLE MEMORIAL INSTITUTE

Current Principal Place of Business:

505 KING AVENUE
RM A-210
COLUMBUS, OH 43201

Current Mailing Address:

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

FEI Number: 31-4379427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

Title CHAIRMAN
Name WELCH, J. K.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

Title TREASURER
Name SMITH, B. R.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

Title VP, CFO
Name EVANS, D. C.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

Title DIRECTOR
Name DOUGLAS, F. L.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

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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: T. E SHARPE

ASSIST TREASURER

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GASSER, M.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

Title DIRECTOR
Name MORRIS, M. G.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

Title DIRECTOR
Name SURESH, S
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201

Title DIRECTOR
Name LYLES, L. L.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201

Title DIRECTOR
Name O'KEEFE, S. C.
Address 505 KING AVENUE
RM A-210
City-State-Zip: COLUMBUS OH 43201