

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819788

**FILED
Mar 22, 2019
Secretary of State
9680358041CC**

Entity Name: BATTELLE MEMORIAL INSTITUTE

Current Principal Place of Business:

505 KING AVENUE
COLUMBUS, OH 43201

Current Mailing Address:

505 KING AVENUE
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 PRESIDENT, CEO
Name VON THAER, LEWIS F.
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201

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

Title TREASURER
Name SMITH, BRIAN RICHARD
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201

Title ASSISTANT SECRETARY, ASSISTANT
TREASURER
Name SHARPE, THOMAS EDWARD
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201

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

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

Title DIRECTOR
Name GASSER, MICHAEL J.
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201

Title DIRECTOR
Name LYLES, LESTER L.
Address 505 KING AVENUE
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: THOMAS EDWARD SHARPE

**ASSISTANT TREASURER, 03/22/2019
ASSISTANT SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORRIS, MICHAEL G.
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201

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

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

Title DIRECTOR
Name WELCH, JOHN K.
Address 505 KING AVENUE
City-State-Zip: COLUMBUS OH 43201