**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 25, 2014**
**Secretary of State**
**CC0785558593**

DOCUMENT# 819788

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

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

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

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

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

**Continues on page 2**

*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. SECRETARY/ASSIST. TREASURER

03/25/2014

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

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

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

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

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

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

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