

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000924

**Entity Name:** BATTELLE FOR KIDS CORPORATION**Current Principal Place of Business:**4525 TRUEMAN BLVD.  
HILLIARD, OH 43026**Current Mailing Address:**4525 TRUEMAN BLVD.  
HILLIARD, OH 43026 US**FEI Number:** 31-1781583**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 CHAIRMAN  
Name AUSTIN, RUSS  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title COO  
Name HELLMAN, TODD  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title DIRECTOR  
Name CELEST, RICHARD  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title DIRECTOR  
Name KENNEDY, AIMEE  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title CEO  
Name GARZA, KAREN  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title DIRECTOR  
Name HILSHEIMER, LAWRENCE  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title DIRECTOR  
Name FRAILEY, ALTON  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

Title DIRECTOR  
Name TIBERI, PATRICK  
Address 4525 TRUEMAN BLVD.  
City-State-Zip: HILLIARD OH 43026

**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: TODD HELLMAN****CFO****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 DIXON, MELISSA  
Address             4525 TRUEMAN BLVD.  
City-State-Zip:   HILLIARD OH 43026

Title                   DIRECTOR  
Name                 CARREEKER, TIFFANY  
Address             4525 TRUEMAN BLVD.  
City-State-Zip:   HILLIARD OH 43026