

2018 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 CYNKAR, PAUL
Address 4525 TRUEMAN BLVD.
City-State-Zip: HILLIARD OH 43026

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

Title CFO
Name DAVIS, DONNA
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 DIXON, MELISA
Address 4525 TRUEMAN BLVD.
City-State-Zip: HILLIARD OH 43026

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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: DONNA DAVIS**CFO****02/20/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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