2024	FOREIGN NOT	FOR PROFIT	CORPORATION	ANNUAL REPORT
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#### DOCUMENT# F1100000924

Entity Name: BATTELLE FOR KIDS CORPORATION

### **Current Principal Place of Business:**

347 KENDALL PLACE COLUMBUS, OH 43205

### **Current Mailing Address:**

PO BOX 2798 COLUMBUS, OH 43216 US

## FEI Number: 31-1781583

#### 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	STEPHANIE DANNEMANN			03/13/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CHAIRMAN	Title	CEO	
Name	AUSTIN, RUSS	Name	DUNAN, MIKE	
Address	PO BOX 2798	Address	PO BOX 2798	
City-State-Zip:	COLUMBUS OH 43216	City-State-Zip:	COLUMBUS OH 43216	
Title	C00	Title	DIRECTOR	
Name	HELLMAN, TODD	Name	HILSHEIMER, LAWRENCE	
Address	PO BOX 2798	Address	PO BOX 2798	
City-State-Zip:	COLUMBUS OH 43216	City-State-Zip:	COLUMBUS OH 43216	
Title	DIRECTOR	Title	DIRECTOR	
Name	CELEST, RICHARD	Name	FRAILEY, ALTON	
Address	PO BOX 2798	Address	PO BOX 2798	
City-State-Zip:	COLUMBUS OH 43216	City-State-Zip:	COLUMBUS OH 43216	
Title	DIRECTOR	Title	DIRECTOR	
Name	KENNEDY, AIMEE	Name	TIBERI, PATRICK	
Address	PO BOX 2798	Address	PO BOX 2798	
City-State-Zip:	COLUMBUS OH 43216	City-State-Zip:	COLUMBUS OH 43216	

# 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.

VP-CFO

03/13/2024

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 13, 2024 Secretary of State 1137368049CC

Certificate of Status Desired: No

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	DIXON, MELISSA	Name	CARREEKER, TIFFANY
Address	PO BOX 2798	Address	PO BOX 2798
City-State-Zip:	COLUMBUS OH 43216	City-State-Zip:	COLUMBUS OH 43216