

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005511

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC6155373050**

**Entity Name:** MATHILE INSTITUTE FOR THE ADVANCEMENT OF HUMAN NUTRITION, INC.

**Current Principal Place of Business:**

241 TAYLOR STREET  
SUITE 300  
DAYTON, OH 45402

**Current Mailing Address:**

241 TAYLOR STREET  
SUITE 300  
DAYTON, OH 45402 US

**FEI Number: 31-1809317**

**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 D, CHAIRMAN  
Name MATHILE, CLAYTON L  
Address 6450 POE AVENUE #201  
City-State-Zip: DAYTON OH 45414

Title PD  
Name HIRAKAWA, DIANE PH.D.  
Address 241 TAYLOR STREET  
SUITE 300  
City-State-Zip: DAYTON OH 45402

Title SD  
Name CHERNESKY, RICHARD J  
Address 1 SOUTH MAIN STREET  
SUITE 1300  
City-State-Zip: DAYTON OH 45402

Title D  
Name ARMSTRONG, W. DWIGHT PH.D.  
Address 6450 POE AVENUE #201  
City-State-Zip: DAYTON OH 45414

Title T  
Name HOUSE, DAVID C  
Address 241 TAYLOR STREET  
SUITE 300  
City-State-Zip: DAYTON OH 45402

Title DIRECTOR  
Name COFFMAN, W. RONNIE PHD  
Address 241 TAYLOR STREET  
SUITE 300  
City-State-Zip: DAYTON OH 45402

Title VP  
Name MATHILE, MARYANN  
Address 6450 SAND LAKE ROAD  
SUITE 100  
City-State-Zip: DAYTON OH 45414

Title ASSISTANT SECRETARY  
Name TWEEL, DONNA S.  
Address 1 SOUTH MAIN STREET  
SUITE 1300  
City-State-Zip: DAYTON OH 45402

*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 S. TWEEL**

**ASSISTANT SECRETARY 01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date