

1.) CORPORATION NAME:

**BATTELLE MEMORIAL INSTITUTE**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **2/29/2012**

SCC ID NO: **F0277188**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 505 KING AVE

CITY/ST/ZIP: COLUMBUS, OH 43201-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: T.E. SHARPE  
TITLE: ASST T /ASST S  
ADDRESS: 505 KING AVE  
CITY/ST/ZIP/CO: COLUMBUS, OH 43201-

OFFICER  DIRECTOR

NAME: I.M. INGLIS  
TITLE: EXEC VP  
ADDRESS: 505 KING AVE  
CITY/ST/ZIP/CO: COLUMBUS, OH 43201-

OFFICER  DIRECTOR

NAME: J. WADSWORTH  
TITLE: P/CEO  
ADDRESS: 505 KING AVENUE  
CITY/ST/ZIP/CO: COLUMBUS, OH 43201-

OFFICER  DIRECTOR

NAME: R. P. AUSTIN  
TITLE: SR VP/GC/SEC  
ADDRESS: 505 KING AVE  
CITY/ST/ZIP/CO: COLUMBUS, OH 43201-

OFFICER  DIRECTOR

NAME: J. B. MCCOY  
TITLE: CHMN OF BD  
ADDRESS: 505 KING AVENUE  
CITY/ST/ZIP/CO: COLUMBUS, OH 43201-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. D. TOWNSEND VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. GROSSENBACHER VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. E. KELLY VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. KLUSE VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. L. KUNZ VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. E. MASON VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. D. SNOWBERGER VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. E. TOOMAJIAN VICE PRESIDENT 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. GRAHAM TREASURER 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. L. MOBLEY ASST. TREASURER 505 KING AVENUE COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: B. R. SMITH TITLE: ASST. TREASURER ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: G. VON HOLTEN TITLE: CNTRLR/ASST TR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: V. A. BAILEY TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: M. J. GASSER TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R. A. HULSE TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: L. L. LYLES TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: M. G. MORRIS TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: S. C. O'KEEFE TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: J. K. WELCH TITLE: DIRECTOR ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ T.E. SHARPE	T.E. SHARPE, ASST T /ASST S	2/24/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.