

1.) CORPORATION NAME:

**BATTELLE MEMORIAL INSTITUTE**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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:	J. WADSWORTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	R. P. AUSTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/GC/SEC		
ADDRESS:	505 KING AVE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	J. GROSSENBACHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	I. M. INGLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	505 KING AVE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	S. E. KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	M. KLUSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		

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:	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:	T. E. SHARPE ASST T /ASST S 505 KING AVE COLUMBUS, OH 43201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. R. SMITH TREASURER 505 KING AVENUE COLUMBUS, OH 43201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. B. MCCOY DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. VON HOLTEN V PRES/ASST TR 505 KING AVENUE COLUMBUS, OH 43201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	V. A. BAILEY DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK L. DOUGLAS DIRECTOR 505 KING AVE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. J. GASSER DIRECTOR 505 KING AVENUE 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: CHAIRMAN ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: D. Evans TITLE: VICE PRESIDENT ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201	<input checked="" type="checkbox"/> OFFICER	<input 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	T. E. SHARPE, ASST T /ASST S PRINTED NAME AND CORPORATE TITLE	1/31/2014 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.		