

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 019 ***150.00

0604354

DOCUMENT # 848285
 1. Entity Name
BAKER CONCRETE CONSTRUCTION, INC.

Principal Place of Business 900 NORTH GRAVER RD. MONROE OH 45050-1277	Mailing Address 900 NORTH GRAVER RD. MONROE OH 45050-1277
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2. Principal Place of Business <i>AS ABOVE</i>	3. Mailing Address <i>AS ABOVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 31-0817881	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: GROTH, JOHN F. STREET ADDRESS: 5618 MONICA DRIVE CITY-ST-ZIP: FAIRFILED OH	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: SCHWARTZ, LOUIS J STREET ADDRESS: 7993 BLAIRHOUSE CITY-ST-ZIP: CINCINNATI OH	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: BAKER, DANIEL L STREET ADDRESS: 5855 OAKRIDGE ROAD CITY-ST-ZIP: HAMILTON OH	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BAKER, CYNTHIA S STREET ADDRESS: 5855 OAKRIDGE ROAD CITY-ST-ZIP: HAMILTON OH 45011	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: SCHNEIDER, MICHAEL J STREET ADDRESS: 5805 COUNTRY VIEW DR CITY-ST-ZIP: HAMILTON OH	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: MUELLER, EDWARD L STREET ADDRESS: 1115 HEARTHSTONE DR CITY-ST-ZIP: CINCINNATI OH 45231	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *4.27.01* Daytime Phone #: *513 539-4000*

CR2E034 (10/00)