## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCU<br>1. Entity Nam                                    |   | # A9700  | 000  | 0736                                     |         |                      |   |  |                     |  |
|--|---|--|--|--|---------|----------------------|---|--|---------------------|--|
| BARON STRATEGIC INVESTMENT FUND IX, LTD.                 |   |  |  |  |         |                      | FILED   |  |                     |  |
| Principal Place of Business Mailing Address              |   |  |  |  |         |                      |   | OI APR 27 PM 3: 53   |                     |  |
| % GREGORY K. MCGRATH 7826 COOPER RD. CINCINNATI OH 45242 |   |  | % GREGORY K. MCGRATH<br>7626 COOPER RD.<br>CINCINNATI OH 45242 |  |         |                      |   | SECRETARY OF STATE TALLAHATETH FLOR DA                     |                     |  |
| 2. Principal Place of Business                           |   |  | 3. Mailing Address   |  |         |                      |   |  |                     |  |
| Suite, Apt. #, etc.                                      |   |  | Sui  | Suite, Apt. #, etc.                      |         |                      |   | DO NOT WRITE IN THIS SPACE                                 |                     |  |
| City & State   |   |  | City & State   |  |         |                      | 4. FEI Number Applied For Not Applicable                        |  |                     |  |
| Zip  | p Country   |  | Zip  | Zip Cour                                 |         | ntry                 | 5. Certificate of Status Desired \$8.75 Additional Fee Required |  |                     |  |
| 6. Name and Address of Current Registered Agent          |   |  |  |  |         | Ţ <u>.</u>           | 7. Name and   | Address of New Registere                                   | ed Agent            |  |
| MCGRATH, GREGORY 4561 GULF OF MEXICO DR. #101            |   |  |  |  |         | Name<br>Street Addre | ess (P.O. Box Number is Not Acceptable)                         |  |                     |  |
| LONGBOAT KEY FL 34228                                    |   |  |  |  |         | City FL Zip Code     |   |  | Zip Code            |  |
| OLOMATURE  |   | y submits this statement fo  |  |  |         |                      | quired when reinstating)  | DAT  |                     |  |
| 9. Capital Co  |   | \$99.00  |  | 10. Amount of Capin                      |         | ibutions             |   | 11. MAKE CHECK PAYAI<br>SEE REVERSE SIDE                   | FOR FEE INFORMATION |  |
| as shown   |   | GENERAL PARTNER T  | THAT IS  | A BUSINESS EN                            | TITY M  | IUST BE REC          | SISTERED AND A  | CTIVE WITH THIS OFFI<br>d to change a general p            | CE.<br>partner.     |  |
| 12.  |   | GENERAL PARTNER  |  |  | 13.     |                      |   | ADDRESS CHANGES (  | ONLY                |  |
| NAME   | P97000048443<br>BARON CAPITAL LXII, INC.<br>7826 COOPER ROAD<br>CINCINNATI OH 45242 |  |  |  |         | Y-ST-ZIP             |   | <del></del>  | 1004 - 2            |  |
| DOCUMENT #   |   |  |  |  | STR     | EET ADDRESS          |   | -05/17/01  | -01021015           |  |
| STREET ADDRESS<br>CITY-ST-ZIP                            |   |  |  |  | CITY    | Y-ST-ZIP             |   |  |                     |  |
| DOCUMENT /<br>NAME                                       |   |  |  |  | STR     | EET ADDRESS          |   |  |                     |  |
| STREET ADDRESS<br>CHY-ST-ZIP                             |   |  |  |  | . CIT   | Y-ST-ZIP             | <u></u>   |  |                     |  |
| DOCUMENT #<br>NAME                                       |   |  |  |  | STR     | REET ADDRESS         |   | ···········  |                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP                            | _   |  |  |  | CIT     | Y-ST-ZIP             |   |  |                     |  |
| DOCUMENT #<br>NAME                                       |   |  |  |  | STR     | REET ADDRESS         |   |  |                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP                            |   |  |  |  | CIT     | Y-ST-ZIP             |   |  |                     |  |
| DOCUMENT # ·. NAME                                       |   |  |  |  | STR     | REET ADDRESS         |   |  |                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP                            |   |  |  |  |         | Y-ST-ZIP             |   |  | Of the No. of the   |  |
| indicated  | d on this renc  | ne information supplied with<br>ort is true and accurate and<br>e empowered to execute the | i that my<br>is report   | signature shall have as required by Char | the sam | ne legal ettect a    | s if made under oain<br>3                                       | i), Florida Statutes. I further that I am a General Partne |                     |  |

April 25, 2001 (513) 984-5001