2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P00000114700** 1. Entity Name BARON CAPITAL XCIII, INC. 04-30-2001 90089 020 ***158.75 Principal Place of Business Mailing Address 7826 COOPER ROAD 7826 COOPER ROAD CINCINNATI OH 45242 CINCINNATI OH 45242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number 34-1943 209 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICGRATH, GREGORY CORPORATION SERVICE COMPANY Street Addressy (P.O. Góx, Number is Not Acceptable) 1201 HAYS STREET-TALLAHASSEE FL 32301* LONGBOAT KEY 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After WAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Wake Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President President CR2E034 (10/00) TITH F ☐ Delete Gregory K. McGrath 1826 Coper Na. 1944 NAME NAME Gregory IL. McGrath STREET ADDRESS STREET ADDRESS 7826 Cooper Ra Cincinnation 45242 CITY-ST-7I2 CITY-ST-ZIP Cincinnati Thua ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZiP CITY-ST-7IP TITLE Delete TITLE ☐ Change Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ___ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gregory K. McGrath 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal c of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Sta April 25, 2001 changed, or on an attachment with an address, with all other like empowered. (513) 984-5001 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR