2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000050026** BARON EQUITIES, INC. 04-30-2001 90089 049 ***158.75 Principal Place of Business Mailing Address 7826 COOPER RD 7826 COOPER RD CINCINNATI OH 45242 CINCINNATI OH 45242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Apalied For 59-3253934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGRATH, GREGORY K Street Address (P.O. Box Number is Not Acceptable) 4561 GULF OF MEXICO DR #101 LONGBOAT KEY FL 34228 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, typed or or mediname of registered agent and title if applicable. (NOTE Registered Agent's gnature 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) Delete TITLE ☐ Change Addition NAME MCGRATH, GREGORY K STREET ADDRESS STREET ADDRESS 7826 COOPER RD CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 TITLE vpst ☐ Delete TITLE ☐ Change Addition NAME NAME MARK L. WILSON STREET ADORESS STREET ADDRESS 4826 COOPER RD CITY-ST-ZIP CiTY-ST-ZIP CINCINNATI OH 45242 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF C:TY-ST-7IP TITLE Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change Aadit.on MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TILLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 13. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida State April 25, 2001 April 25, 2001

(513) 984-5001