## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P9400068023** 1. Entity Name BARON CAPITAL II. INC. 04-30-2001 90090 047 \*\*\*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. Suito, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0523971 Not Applicable Zin Country 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 DRIVE, #101 LONGBOAT KEY FL 34228 City 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. THTLE ☐ Delete CR2E034 (10/00) TITLE Chance Addition NAME MCGRATH, GREGORY K NAME STREET ADDRESS 7826 COOPER ROAD STREET ADDRESS CITY-ST-ZIP CITY ST-7IP CINCINNATI OH 45242 TITLE De ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAM: STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-Z:P LIDE ☐ Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2V). Florido Statuto Lifetibes certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the sam of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fix Gregory K. McGrath (k.12) changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001

(513) 984-5001

**FILED**