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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500007305 1. Corporation Name

BARON CAPITAL IV, INC.

Principal Place of Business

Mailing Address

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90005 005 ****79.38 05-14-1999 90005 006 ****79.37



7826 COOPER ROAD 7826 COOPER ROAD CINCINNATI OH 45242 CINCINNATI OH 45242 DO NOT WRITE IN THIS SPACE us US 3. Date Incorporated or Qualifed 01/25/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0570122 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Gregory K. McGrath MCGRATH, GREGORY K 4561 Gulf of Mexico Drive Street Addres 28050 US HIGHWAY 19 N 301 CLEARWAJER PL 34621 83 Longboat Key, FL 34228 84 City 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered rigia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of F agent. I am familiar with, and accept the fligations **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regis ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 DELETE ☐ Change nne 1.1 TITLE MCGRATH, GREGORY NAME 1.2 NAME 7826 COOPER ROAD STREET ADDRESS 1.3 STREET ADDRESS CINCINNATI OH CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

EQUIRED

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