FILED

May 06, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



▶FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022927

1. Corporation Name

Principal Place of Business

BARON CAPITAL VI, INC.

7826 COOPER I CINCINNATI OH US		7826 COOPER RD CINCINNATI OH 45242 US		DO NOT WRITE IN THI	S SPACE	
		30		3. Date Incorporated or Qualifed 03/21/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ар	plied For
21		26	,	59-3305416	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 A	Additional
22		27		5. Certificate of Status Desired	Fee Re	quired
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24	Country 25	Zip 29 3	Country 30	This corporation owes the current year In Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	i Agent	
1100	DATU ODDOODY V		81 Name	Gregory K. McGrath		
	RATH, GREGORY K		82 Street A	4561 Gulf of Mexico Drive	_	
	OUS 19 NORTH			#101		
	E 201		83			;
CLE	PRWATER FL 34615		n 84 City	Longboat Key, FL 34228	in C	Code
			// ~ ٥,			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	of changing its	registered
office or reagent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was autigations of, Section 607.0505, Pibric	the statutes.	on's board of directors. I hereby accept the appo	Jinument as reg	มูเรเยาชน
SIGNATURE	•	/(1	XII MI	\mathcal{U}	5/99	
SIGNATURE	Signature, typed or printed name of registered a	sgent and title if applicable. NOTE: F	Registered Algent signature require			
12.	OFFICERS	AND DIRECTORS /	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 MILE		Change	☐ Addition
NAME	MCGRATH, GREGORY		1.2 NAME			
STREET ADDRESS	7826 COOPER RD		1.3 STREET ADDRESS			ı
CITY-ST-ZIP	CINCINNATI OH 45242		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME,			2.2 NAME			ļ
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		İ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME)			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does no 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 or 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PE