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FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90169 008 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044526

1. Entity Name

BARON CAPITAL IX, INC.

Principal Place of Business

7826 COOPER RD
 CINCINNATI OH 45242
 US

Mailing Address

7826 COOPER RD
 CINCINNATI OH 45242
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Grove at Lakeland Square
 Suite, Apt. #, etc.
 3570 U.S. Hwy 98 N.
 City & State
 Lakeland Florida
 Zip
 33809
 Country
 U.S.A.

3. Mailing Address
 Grove at Lakeland Square
 Suite, Apt. #, etc.
 3570 U.S. Hwy 98 N.
 City & State
 Lakeland Florida
 Zip
 33809
 Country
 U.S.A.

4. FEI Number

59-3325237

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCCRATH, GREGORY K
 4561 GULE OF MEXICO DR
 #101
 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
 Darcap Realty Services Group, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 Grove at Lakeland Square
 3570 U.S. Hwy 98 N.
 City
 Lakeland FL Zip Code
 33809

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 Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02
 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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	MCCRATH, GREGORY K	7826 COOPER RD	CINCINNATI OH 45242	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Robert Astorino	3570 U.S. Hwy 98 N.	Lakeland Florida 33809	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Vice President	Mark L. Wilson	3570 U.S. Hwy 98 N.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Lakeland, FL 33809		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02 513 936 3408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)