

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90087 036 ***158.75

DOCUMENT # P95000044530

1. Entity Name

BARON CAPITAL VIII, INC.

Principal Place of Business

Mailing Address

**COOPER RD
 CINCINNATI OH 45242**

**7826 COOPER RD
 CINCINNATI OH 45242-7619
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3325234**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, GREG
 4561 GULF OF MEXICO DR
 #101
 LONGBOAT KEY FL 34228**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY K. MCGRATH

4/25/00

Date

513-984-5001

Daytime Phone #

CR2E034 (9/99)