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

## **FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P95000044530** 1. Entity Name BARON CAPITAL VIII, INC. 04-30-2001 90089 023 \*\*\*158.75 Principal Place of Business Mailing Address 7826 COOPER RD 7826 COOPER RD CINCINNATI OH 45242 CINCINNATI OH 45242 110000000000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3325234 Not Apolicable Zio Country Zip 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, GREG Street Address (P.O. Box Number is Not Acceptable) 4561 GULF OF MEXICO DR #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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE $\ \ \, \square \,\, \text{Addition}$ Change NAME MCGRATH, GREGORY K NAME STREET ADDRESS 7826 COOPER RD STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP CINCINNATI OH 45242 TITLE ☐ Delete TITLE Addition ☐ Change NAM NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP C:TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST - ZiP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P Gregory K. McGrath 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 indicated on this report or supplemental report is true and accurate and that my signature shall have the same leg of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida April 25, 2001 changed, or on an attachment with an address, with all other like empowered (513) 984-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR