

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000096631**

1. Entity Name

**BARON CAPITAL XV, INC.****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90089 016 \*\*\*158.75

Principal Place of Business

**7826 COOPER RD  
CINCINNATI OH 45242  
US**

Mailing Address

**7826 COOPER RD  
CINCINNATI OH 45242  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3354104**

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

Name

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

City

FL

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P MCGRATH, GREGORY K 7826 COOPER RD CINCINNATI OH 45242			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, 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**  
**April 25, 2001**  
**(513) 984-5001**

CR2E034 (10/00)