

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029948

1. Entity Name
BARON CAPITAL XXVI, INC.

Principal Place of Business Mailing Address
7826 COOPER RD 7826 COOPER RD
CINCINNATI OH 45242 CINCINNATI OH 45242
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Grove at Lakeland Square Grove at Lakeland Square
Suite, Apt. #, etc. Suite, Apt. #, etc.
3570 U.S. Hwy 98 N. 3570 U.S. Hwy 98 N.

City & State City & State
Lakeland Florida Lakeland Florida
Zip Country Zip Country
33809 U.S.A. 33809 U.S.A.

4. FEI Number 58-2235497 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGRATH, GREGORY K
4561 GULF OF MEXICO DR
7101-
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
Name: Parcyp 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, GREGORY	
STREET ADDRESS	7826 COOPER RD	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)