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

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000029951** BARON CAPITAL XXVIII, INC. 04-30-2001 90089 014 \*\*\*158.75 Principal Place of Business Mailing Address 7826 COOPER RD 7826 COOPER RD CINCINNATI OH 45242 CINCINNATI OH 45242 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 58-2235616 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGRATH, GREGORY K 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE Change MCGRATH, GREGORY NAME NAME 7826 COOPER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **CINCINNATI OH 45242** CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP TITLE TITLE ☐ Delete □ Change Addition MAME MAME 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-7:P TITLE Delete TITLE ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0: indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stachanged, or on an attachment with an address, with all other like empowered. Gregory K. McGrath

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001 (513) 984-5001