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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700026840 (3)

BARON CAPITAL XLVII, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7705-COOPER-ROAD COOPER ROAD CINCINNATI OH 45242 CINCINNATI OH 45242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 2. Principal Place of Business 2a. Mailing Address
26 ZBRC COOPER RUAD 4. FEI Number Applied For 7826 COOPER ROAL Suite, Apt. #, etc. 31-1531655 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional X5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30, ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHMERGE, MICHAEL B1 Name 28050 US HIGHWAY 19 NO STE 301 Street Address (P.O. Box Number is Not Acceptable) 62 CLEARWATER FL 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TO LE MCGRATH, GREGORY NAME 1.2 NAME CR2E034 TIBE COOPER ROAD 7826 COOPER PUAR STREET ADDRESS 1.3 STREET ADDRESS CINCINNATI OH 45242 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETÉ Change TITLE 31 TITLE Addition NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 for the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an appearance of the corporation of the receiver of the receive

SIGNATURE:

O NAME OF SIGNING OFFICER OR DIRECTOR

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