2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P97000026879 1. Entity Name BARON CAPITAL XLVI, INC. 05-04-2000 90105 004 ***158.75 Principal Place of Business Mailing Address 7826 COOPER RD 7826 COOPER RD CINCINNATI OH 45242 **CINCINNATI OH 45242-7619** 652089 บร 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State .58-2275708₃₁ Not Applicable see attacke Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 囡 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGRATH, GREGORY Street Address (P.O. Box Number is Not Acceptable) 4561 GULF OF MEXICO DR LONGBOAT KEY FL 34228 City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ■ Addition ☐ Change 7171 F ☐ Delete TITLE MCGRATH, GREGORY NAME NAME STREET ADDRESS 7826 COOPER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CINCINNATI OH 45242 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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, but hall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1707) 513-984

Daytime Phone #

1291000026879



BARON CAPITAL XLVI, Inc.

7826 Cooper Road Cincinnati, OH 45242

04/27/2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

The FEIN on UBR Document number P97000026879 (Baron Capital XLVI, Inc.) is inaccurate. The correct FEIN for Baron Capital XLVI, Inc. is 31-1531661. I have enclosed documentation from the 1998 US 1120S Corporate tax return. Please amend your records.

The FEIN on UBR Document number P97000026879 (58-2275708) is assigned to Baron Capital XLI, Inc. (documentation attached).

Sincerely,

Tom McGrath

Administrative Manager

110000011

105000 BU

1998

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

and ending For calendar year 1998, or tax year beginning C Employer identification number A Effective date of election Use as an S corporation IRS 31-1531661 labet. BARON CAPITAL XLVI, INC. 03/25/1997 Other-Number, street, and room or suite no. (If a P.O. box, see page 10 of the instructions.) D Date incorporated wise. B NEW Business code no. 03/25/1997 7826 COOPER ROAD glease (see pages 26-28) print E Total assets (see page 10) City or town, state, and ZIP code or type. 1,310. CINCINNATI, OH 45242 531390 Amended return Change in address (3) L . Initial return (2) L Final return Check applicable boxes: (1) Enter number of shareholders in the corporation at end of the tax year Cautien: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information. 10 Least returns and allowances 1 d Gross receipts or sales 2 2 Cost of goods sold (Schedule A, line 8) 3 Gross profit. Subtract line 2 from line 1c Net gain (loss) from Form 4797, Part II, line 18 (attach Form 4797) 5 5 Other income (loss) (attach schedule) 6 Total income (loss). Combine lines 3 through 5 7 Compensation of officers Salaries and wages (less employment credits) 8 9 Repairs and maintenance Deductions (See instructions for limitations) 10 Bad debts 10 11 Rents 11 165. 12 Taxes and licenses 12 13 13 Depreciation (if required, attach Form 4562) 14c Subtract line 14b from line 14a Depletion (Do not deduct oil and gas depletion.) 15 16 16 17 Pension, profit-sharing, etc., plans 17 18 Employee benefit programs 18 19 Other deductions (attach schedule) 19 165. 20 Total deductions. Add the amounts shown in the far right column for lines 7 through 19 20 <165. 21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6 21 Tax: a Excess net passive income tax (attach schedule) 22b Tax from Schedule D (Form 1120S) 22c Add lines 22a and 22b 232 Payments: a 1998 estimated tex payments and amount applied from 1997 return Fax and Payments 23b b Tax deposited with Form 7004 Credit for Federal tax paid on fuels (attach Form 4136) 23d Add lines 23a through 23c 24 Estimated tax penalty. Check if Form 2220 is attached Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See instructions for . depositary method of payment 26 Enter amount of line 26 you want: Credited to 1999 estimated tax re that I have examined this return, including accompanying schedules and statements, and to the best of my kno New Contentional preparer (other than taxpayer) is based on all information of which preparer has any knowledg Please Sian Here Title Signature of officer Preparer's Check if Date social security number Preparer's self-261 13 9318 Paid employed signature Preparer's RACHLIN COHEN AND HOLTZ Firm's name (or yours it self-E.J. No. 🕨 65 0544505 ONE SOUTHEAST THIRD AVENUE- TENTH FLOOR **Use Only** <u>33131</u> ZIP code MIAMI, FLORIDA

JWA For Paperwork Reduction Act Notice, see the separate instructions. Form 1120S (1998)

811701 11-30-98

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE ATLANTA GA 39901

. 3

P97000026879

51F 7

DATE OF THIS NOTICE: 01-15-97
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 58-2275708
FORM: SS-4
0716922095 B

FOR ASSISTANCE CALL US AT: 522-0050 LOCAL ATLANTA 1-800-829-1040 OTHER GA

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

BARON CAPITAL XLI INC. 7795 COOPER RD CINCINNATI OH 45242

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 58-2275708. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/97

If the due date has passed please complete the form and send it to us by 01-30-97. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.