2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000037649** BARON CAPITAL LIII, INC. 04-30-2001 90090 041 ***158.75 Principal Place of Business Mailing Address 7826 COOPER ROAD 7826 COOPER ROAD 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 Fo 31-1533014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 LONGBOAT KEY FL 34228 City Zip Code 阳. 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's gnature 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE Delete TITLE Addition MCGRATH, GREGORY NAME STREET ADDRESS 7826 COOPER RD STREET ADDRESS C:TY-ST-ZIP CINCINNATI OH 45242 C!TY-ST-ZIP TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY+S1-ZIP TITLE ☐ Delete TITL 5 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ACCRESS CITY -SF-ZIP CITY ST-ZIP TITLE ☐ Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP DOE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 er or director or Block 12 if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter (changed, or on an attachment with an address, with all other like empowered. Gregory K. McGrath

April 25, 2001

(513) 984-5001