2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000055421** BARON CAPITAL LXIII, INC. 04-30-2001 90089 027 ***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 31-1580953 Not Applicable Zip Country 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 #101 LONGBOAT KEY FL 34228 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 Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST ☐ Delete TITLE Change Addition NAME MCGRATH, GREGORY NAME STREET ADDRESS 7826 COOPER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Gregory K. McGrath 13. Thereby 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 S April 25, 2001 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(513) 984-5001