2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000097503** BARON CAPITAL LXXXIII, INC. 04-30-2001 90089 033 ***158.75 Principal Place of Business Mailing Address 7826 COOPER ROAD 7826 COOPER ROAD CINICINNATI OH 45242 CINICINNATI 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 31-1590289 Not Applicable 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 DRIVE LONGBOAT KEY FL 34228 Zin 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 app. cable. (NOTE: 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 Tax filing requirement and elects to do so. \$5.00 May Be 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 Delete TITLE Addition Change MCGRATH, GREGORY NAME NAME STREET ADDRESS 7826 COOPER ROAD STREET ADDRESS CITY-SI-ZIP **CINCINNATI OH 45242** CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addit on NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 roport 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 Gregory K. McGrath changed, or on an attachment with an address, with all other like empowered April 25, 2001 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(513) 984-5001