2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P98000018471** BARON CAPITAL LXXXIV. INC. 04-30-2001 90089 026 ***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 For 31-1590288 Not Applicable Country Country Zip \$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 MCGRATH, GREGORY Street Address (P.O. Box Number is Not Acceptable) 4561 GULF OF MEXICO DR #101 LONGBOAT KEY FL 34228 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Chance ☐ Addition MCGRATH, GREGORY K NAME NAME STREET ADDRESS 7826 COOPER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINATI OH 45242 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P TITLE ☐ Delete TIME ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dalete TITLE ☐ Change [Addition SMAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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) indicated on this report or supplemental report is true and accurate and that my signature shall have the same 'egal effe of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statut Gregory K. McGrath rmation ock 12 f April 25, 2001 changed, or on an attachment with an address, with all other live empowered. (513) 984-5001