## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000001491** Jun 07, 2000 8:00 am Secretary of State 1. Entity Name BARON CAPITAL LXXXVII, INC. 05-02-2000 90087 021 \*\*\*158.75 Principal Place of Business Mailing Address \*\*\*\* COOPER ROAD 7826 COOPER ROAD --- WH 45242 CINCINNATI OH 45242-7619 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-1657367 Not Applicable Country \$8.75 Additional Zip Country Zip 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 City 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 apent and trie if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12 CR2E034 (9/99) ☐ Addition PISIT ☐ Delete TITLE ☐ Change TITLE Gregory K. M. Grafth 1826 Cooper Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP cincinnati. OH ☐ Addition ☐ Change ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP ☐ Addition ☐ Change TITLE . Delete\_ TITLE. NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Dalete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied by indicated on this report or supplemental rep of the corporation or the receiver or trustee

changed, or on an attachment wi

SIGNATURE:

QUIRED GREGORY RITED NAME OF SIGNING OFFICER OR DIRECTOR