2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000006872** BARON CAPITAL XIII, INC. 04-30-2001 90089 021 ***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 Applied For 4. FEI Number 31-1632937 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 DRIVE, #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 Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change Addition TRUE NAME MCGRATH, GREGORY K NAME STREET ADDRESS STREET ADDRESS 7826 COOPER RD CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 TITLE Delete ☐ Change TRUE 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 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Gregory K. McGrath 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. April 25, 2001 (513) 984-5001 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR