


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 026 ***150.00

DOCUMENT # 804908			
1. Entity Name DIEBOLD, INCORPORATED			
Principal Place of Business 818 MULBERRY RD, SE CANTON, OH 44707-0256		Mailing Address PO BOX 3077 C/O C-26 CANTON, OH 44720-8077	
2. Principal Place of Business 5995 Mayfair Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Canton		City & State	
Zip OH	Country 44720	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS	NAME FRANCIS-VOGELSANG, CHAREE	<input checked="" type="checkbox"/> Delete	TITLE V.P. Secret.
STREET ADDRESS 7799 HEARTHSTONE AVE.	CITY-ST-ZIP N. CANTON, OH		NAME Warren Dettinger
			STREET ADDRESS 5237 Birkdale NW
			CITY-ST-ZIP Canton, OH 44708
TITLE PCD	NAME O'DELL, WALDEN W	<input checked="" type="checkbox"/> Delete	TITLE P. CEO
STREET ADDRESS 1800 PERRY DRIVE NW	CITY-ST-ZIP CANTON, OH 44708		NAME Thomas Swidarski
			STREET ADDRESS 7574 Elderkin CT
			CITY-ST-ZIP Hudson, OH 44736
TITLE VT	NAME WARREN, ROBERT JAMES	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 1609-E SOUTH MAIN ST.	CITY-ST-ZIP N CANTON, OH 44709		NAME
			STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
			CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert J. Warren</u>		VICE PRESIDENT & TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/27/06	Daytime Phone # 330 490-1407