

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 804908

1. Entity Name
DIEBOLD, INCORPORATED



Principal Place of Business
**5995 MAYFAIR RD
CANTON, OH 44720**

Mailing Address
**PO BOX 3077
C/O C-26
CANTON, OH 44720-8077**



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
34-0183970

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

04/24/07-80014-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
DETINGER, WARREN
5237 BIRKDALE NW
CANTON, OH 44708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
SWIDARSKI, THOMAS
7574 ELDERKIN CT
HUDSON, OH 44236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
WARREN, ROBERT JAMES
1609-E SOUTH MAIN ST.
N CANTON, OH 44709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

VICE PRESIDENT & TREASURER

SIGNATURE: Robert J. Warren **Robert J. Warren** 4/3/07 330/490-6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #