


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000003109	
1. Entity Name CINTAS CORPORATION NO. 2	

Principal Place of Business P.O. BOX 625737 CINCINNATI, OH 45262	Mailing Address P.O. BOX 625737 CINCINNATI, OH 45262
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01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1703809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	1100000405274 02/07/06-80035-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARMER, SCOTT D 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARMER, SCOTT D 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROOMAN, THOMAS E 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALE, WILLIAM C 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARNAHAN, KAREN L 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
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.

SIGNATURE: William C. Gale 1-12-06 513-459-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #