

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90234 001 \*\*\*100.00  
04-26-2005 90234 002 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                        |  |                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F04000006438</b><br>1. Entity Name<br><b>CHEMED CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                        |  |                                                                                             |  |
| Principal Place of Business<br><b>255 EAST FIFTH STREET 2600 CHEMED CENTER<br/>CINCINNATI, OH 45202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                        |  | Mailing Address<br><b>255 EAST FIFTH STREET 2600 CHEMED CENTER<br/>CINCINNATI, OH 45202</b>                                                                                  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |  |                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | City & State                                                                                                           |  | 4. FEI Number<br><b>31-0791746</b>                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Zip                                                                                                                    |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                        |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                        |  | SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | DATE _____                                                                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C<br><b>HUTTON, EDWARD XL</b><br>255 EAST FIFTH STREET 2600 CHEMED CENTER<br>CINCINNATI, OH 45202         | <input type="checkbox"/> Delete                                                                                        |  |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PCEO<br><b>MCNAMARA, KEVIN J</b><br>255 EAST FIFTH STREET 2600 CHEMED CENTER<br>CINCINNATI, OH 45202      | <input type="checkbox"/> Delete                                                                                        |  |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | XVP - CFO<br><b>WILLIAMS, DAVID P</b><br>255 EAST FIFTH STREET 2600 CHEMED CENTER<br>CINCINNATI, OH 45202 | <input type="checkbox"/> Delete                                                                                        |  |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EVP<br><b>LEE, SPENCER S</b><br>255 EAST FIFTH STREET 2600 CHEMED CENTER<br>CINCINNATI, OH 45202          | <input type="checkbox"/> Delete                                                                                        |  |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EVP<br><b>O'TOOLE, TIMOTHY S</b><br>100 S. BISCAYNE BLVD 1500<br>MIAMI, FL 33131                          | <input type="checkbox"/> Delete                                                                                        |  |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPC<br><b>TUCKER, ARTHUR V JR</b><br>255 EAST FIFTH STREET 2600 CHEMED CENTER<br>CINCINNATI, OH 45202     | <input type="checkbox"/> Delete                                                                                        |  |                                                                                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                                                           | See attached for complete list.                                                                                        |  |                                                                                                                                                                              |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                        |  | Mark W. Stephens<br>Assistant Treasurer                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                        |  | Date <b>4/19/2005</b><br>Daytime Phone #                                                                                                                                     |  |

**ATTACHMENT**  
**CHEMED CORPORATION**

66013009

#J04000606438

OFFICERS

Chairman  
President & Chief Executive Officer  
Executive Vice President  
Executive Vice President  
Vice President & CFO  
Vice President & Controller  
Vice President & Secretary  
Vice President  
Vice President  
Vice President  
Assistant Vice President  
Assistant Controller  
Assistant Treasurer  
Assistant Secretary  
Assistant Secretary

Edward L. Hutton  
Kevin J. McNamara  
Timothy S. O'Toole  
Spencer S. Lee  
David P. Williams  
Arthur V. Tucker, Jr.  
Naomi C. Dallob  
Thomas C. Hutton  
John M. Mount  
Thomas J. Reilly  
Anthony D. Vamvas  
Laura A. Volker  
Mark W. Stephens  
Marian E. Fiechtner  
Lisa A. Dittman

DIRECTORS

Edward L. Hutton  
Kevin J. McNamara  
Joel F. Gemunder  
Timothy S. O'Toole  
Donald E. Saunders

Sandra E. Laney  
Charles H. Erhart, Jr.  
Patrick P. Grace  
Thomas C. Hutton  
George J. Walsh, III  
Frank E. Wood

DIRECTOR EMERITUS

Walter L. Krebs

**ATTACHMENT**  
**CHEMED CORPORATION**

66013009  
#F04000006438

**TITLE**  
**NAME**  
**SOCIAL SECURITY NO.**

**HOME ADDRESS**

**BUSINESS ADDRESS**

**Chairman & Director**

Edward L. Hutton

6680 Miralake Drive  
Cincinnati, Ohio 45243

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**President, Chief Executive Officer & Director**

Kevin J. McNamara

949 Edwards Road  
Cincinnati, Ohio 45208

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Executive Vice President & Director**

Timothy S. O'Toole

18 Linden Hill Drive  
Crescent Springs, Kentucky 41017

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Executive Vice President**

Spencer S. Lee

8472 Tennyson Court  
West Chester, Ohio 45069

Roto Rooter Services Company  
255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Vice President & CFO**

David P. Williams

9670 Dartmouth Way  
Loveland, Ohio 45150

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Vice President & Controller**

Arthur V. Tucker, Jr.

220 Annandale Drive  
Fairfield, Ohio 45014

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Vice President & Secretary**

Naomi C. Dallob

1060 Barry Lane  
Cincinnati, Ohio 45229

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Vice President & Director**

Thomas C. Hutton

39 Homesdale Road  
Bronxville, New York 10708

One Rockefeller Plaza  
Suite 1510  
New York, New York 10020

**Vice President**

John M. Mount

6685 Miralake Drive  
Cincinnati, Ohio 45243

Service America Systems  
515 N.W. 12<sup>th</sup> Avenue  
Deerfield Beach, Florida 33442

**Vice President**

Thomas J. Reilly

2294 Bruns Lane  
Cincinnati, Ohio 45244

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**ATTACHMENT**  
**CHEMED CORPORATION**

66013009  
#F04000006438

**Assistant Vice President**  
Anthony D. Vamvas

7640 Driftwood Court  
Cincinnati, Ohio 45242

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Assistant Controller**  
Laura A. Volker

5126 Autumnwood  
Cincinnati, Ohio 45242

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Assistant Treasurer**  
Mark W. Stephens

74 Covert Run Pike  
Ft. Thomas, Kentucky 41075

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Assistant Secretary**  
Marian E. Fiechtner

747 Lone Oak Drive  
Taylor Mill, Kentucky 52062

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Assistant Secretary**  
Lisa A. Dittman

2812 Morningridge Drive  
Cincinnati, Ohio 45211

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**ATTACHMENT**  
**CHEMED CORPORATION**

66013009  
# F04000006438

**Director**

Charles H. Erhart, Jr.  
SS# 128-24-0883

149 East 73<sup>rd</sup> Street  
New York, New York 10021

(Retired)

**Director**

Joel F. Gemunder  
SS# 080-30-2729

5910 Sentinel Ridge  
Cincinnati, Ohio 45243

Omnicare, Inc.  
100 East River Center, Suite 1600  
Covington, Kentucky 41011

**Director**

Patrick P. Grace  
SS# 110-36-2663

1100 Park Avenue  
Apt. 15C  
New York, NY 10128

**Director**

Sandra E. Laney  
SS# 288-38-1652

500 Indian Hill Trail  
Cincinnati, Ohio 45243

255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**Director**

Donald E. Saunders  
SS# 015-34-6703

306 Miami Trail  
Oxford, Ohio 45056

Department of Marketing  
Upham Hall 214C  
Oxford, Ohio 45056

**Director**

George J. Walsh, III  
SS# 130-34-8976

2 Fairway Drive  
White Plains, New York 10605

Thompson Hine  
One Chase Manhattan Plaza  
New York, New York 10005

**Director**

Frank E. Wood  
SS# 278-38-7854

3 Pinehurst Lane  
Cincinnati, Ohio 45208

Secret Communications  
312 Walnut, Suite 3550  
Cincinnati, Ohio 45202

**Director Emeritus**

Walter L. Krebs  
SS# 407-36-2533

2495 Legends Way  
Crestview Hills, Kentucky 41017

(Retired)