

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804908

Entity Name: DIEBOLD, INCORPORATED

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

5995 MAYFAIR RD
CANTON, OH 44720

New Principal Place of Business:

Current Mailing Address:

PO BOX 3077
C/O C-26
CANTON, OH 447208077

New Mailing Address:

FEI Number: 34-0183970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: DETTINGER, WARREN
Address: 5237 BIRKDALE NW
City-St-Zip: CANTON, OH 44708

Title: PCEO () Delete
Name: SWIDARSKI, THOMAS
Address: 7574 ELDERKIN CT
City-St-Zip: HUDSON, OH 44236

Title: VT () Delete
Name: WARREN, ROBERT JAMES,
Address: 1609-E SOUTH MAIN ST.
City-St-Zip: N CANTON, OH 44709

Title: VP () Delete
Name: HUNTER, SCOTT M
Address: 5995 MAYFAIR RD
City-St-Zip: NORTH LANTON, OH 44720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: MCDANNOLD, TIMOTHY,
Address: 5995 MAYFAIR RD
City-St-Zip: N CANTON, OH 44720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M SCOTT HUNTER

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date