

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000003109

Entity Name: CINTAS CORPORATION NO. 2**Current Principal Place of Business:**6800 CINTAS BOULEVARD
MASON, OH 45040**Current Mailing Address:**6800 CINTAS BOULEVARD
MASON, OH 45040**FEI Number:** 31-1703809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title SR. VP, CFO, DIRECTOR
Name HANSEN, J MICHAEL
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY
Name FORTNER, TOM
Address 7251 SALISBURY ROAD
SUITE 1
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY, DIRECTOR, VP
Name FROOMAN, THOMAS E
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title PRESIDENT
Name SCHNEIDER, TODD
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY
Name FOLEY, JOSEPH
Address 7251 SALISBURY ROAD, SUITE 1
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, CEO
Name FARMER, SCOTT D
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title DIRECTOR
Name WARD, RODNEY W
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY
Name HERB, STEPHEN
Address 7251 SALISBURY ROAD
SUITE 1
City-State-Zip: JACKSONVILLE FL 32256

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I hereby 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 all other like empowered.

SIGNATURE: J MICHAEL HANSEN**CFO****05/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name RAGSDALE, MICHAEL
Address 7251 SALISBURY ROAD
SUITE 1
City-State-Zip: JACKSONVILLE FL 32256

Title ASST. SECRETARY
Name SKUFCA, CHRISTOPHER
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY
Name DENTON, D. BROCK
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title TREASURER, VP
Name ADLER, PAUL
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040

Title VP
Name AMANN, JOHN
Address 6800 CINTAS BOULEVARD
City-State-Zip: MASON OH 45040