


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 830501</b>		
1. Entity Name CINCOM SYSTEMS, INC.		
Principal Place of Business 55 MERCHANT ST CINCINNATI, OH 45246 US	Mailing Address 55 MERCHANT ST CINCINNATI, OH 45246 US	



04222005 No Chg-P GR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-0743387	Applied For Not Applicable
-----------------------------	-------------------------------

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO NIES, THOMAS M 2466 GRANDIN ROAD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAWHAN, GERALD L 2973 TIMBERVIEW DR. CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRNE, KENNETH L 2350 DEVILS BACKBONE ROAD CINCINNATI, OH 45233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIES, SUZANNE 2466 GRANDIN RD. CINCINNATI, OH 45208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIES DOWLING, VICTORIA 2700 WALSH RD. CINCINNATI, OH 45208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIES-MCKEEVER, JENNIFER 3688 KROGER CINCINNATI, OH 45226

**DO NOT WRITE IN THIS SPACE**

1100000355018  
 05/03/05-80130-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Gerald L. Shawhan, Treasurer **27 Apr 05** 513/612-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #