

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830501

FILED
Apr 23, 2009
Secretary of State

Entity Name: CINCOM SYSTEMS, INC.

Current Principal Place of Business:

55 MERCHANT ST
CINCINNATI, OH 45246 US

New Principal Place of Business:

Current Mailing Address:

55 MERCHANT ST
CINCINNATI, OH 45246 US

New Mailing Address:

55 MERCHANT ST
ATTN: TAX DEPT
CINCINNATI, OH 45246 US

FEI Number: 31-0743387

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: PCO () Delete
Name: NIES, THOMAS M
Address: 14 HAMPTON LANE
City-St-Zip: CINCINNATI, OH

Title: T () Delete
Name: SHAWHAN, GERALD L
Address: 2973 TIMBERVIEW DR.
City-St-Zip: CINCINNATI, OH

Title: S () Delete
Name: BYRNE, KENNETH L
Address: 2350 DEVILS BACKBONE ROAD
City-St-Zip: CINCINNATI, OH 45233

Title: D () Delete
Name: NIES, SUZANNE
Address: 14 HAMPTON LANE
City-St-Zip: CINCINNATI, OH 45208

Title: D () Delete
Name: NIES DOWLING, VICTORIA
Address: 2700 WALSH RD.
City-St-Zip: CINCINNATI, OH 45208

Title: D () Delete
Name: NIES-MCKEEVER, JENNIFER
Address: 3888 KROGER
City-St-Zip: CINCINNATI, OH 45226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCO (X) Change () Addition
Name: NIES, THOMAS M
Address: 14 HAMPTON LANE
City-St-Zip: CINCINNATI, OH 45208

Title: T (X) Change () Addition
Name: SHAWHAN, GERALD L
Address: 2973 TIMBERVIEW DR.
City-St-Zip: CINCINNATI, OH 45211

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

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

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

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: GERALD L. SHAWHAN

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date