

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830501

FILED
Mar 14, 2011
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
ATTN: TAX DEPT
CINCINNATI, OH 45246 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PCO
Name: NIES, THOMAS M
Address: 14 HAMPTON LANE
City-St-Zip: CINCINNATI, OH 45208

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

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

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

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

Title: D
Name: NIES, JENNIFER M
Address: 3888 KROGER
City-St-Zip: CINCINNATI, OH 45226

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: GERALD L. SHAWHAN

TREA

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date