


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003109**  
 1. Entity Name  
 CINTAS CORPORATION NO. 2



Principal Place of Business      Mailing Address  
 P.O. BOX 625737      P.O. BOX 625737  
 CINCINNATI, OH 45262      CINCINNATI, OH 45262

**DO NOT WRITE IN THIS SPACE**



05102005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 31-1703809      Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH 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 \$550.00**  
**Due by September 7, 2005**

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	CEO FARMER, SCOTT D 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARMER, SCOTT D 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROOMAN, THOMAS E 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALE, WILLIAM C 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARNAHAN, KAREN L 6800 CINTAS BOULEVARD CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000367640  
 05/19/05-80005-005 550.00

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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: William C. Gale    WILLIAM C. GALE    5/10/05    (513)459-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #