


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 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



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 31-1703809 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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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 re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000405274
 02/07/06-80035-003 150.00

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 | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-12-06 513-459-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #