


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90011 034 ***150.00

DOCUMENT # F04000005721		
1. Entity Name PAYCOR, INC.		

Principal Place of Business 644 LINN STREET SUITE 200 CINCINNATI, OH 45203	Mailing Address C/O CHARLES D. SCHMALZ 644 LINN STREET, SUITE 200 CINCINNATI, OH 45203
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40008852



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262007 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 31-1299990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COUGHLIN, ROBERT J 644 LINN STREET CINCINNATI, OH 45203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew A. Hiss 8050 Marshall Drive, Suite 100 Lenexa, KS 66214 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HAUSSLER, STEVEN G 644 LINN STREET CINCINNATI, OH 45203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa A. Mullen 1876 Waycross Road Cincinnati, Ohio 45240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, JONATHAN E 5900 LAUDERBROOK DR. SUITE 200 CLEVELAND, OH 44124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Carnahan 6800 Cintas Blvd. Cincinnati, Ohio 45262 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEDING, RICHARD L JR. 6800 CINTAS BLVD. CINCINNATI, OH 45262 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMALZ, CHARLES D 644 LINN STREET CINCINNATI, OH 45203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SCOTT D 8180 CORPORATE PK DR, STE 124 CINCINNATI, OH 45242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Charles D. Schmalz, Charles D. SCHMALZ, Secretary 1-26-07 (513) 381-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #