## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005721

Entity Name: PAYCOR, INC.

FILED Mar 24, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
644 LINN STREET SUITE 200 CINCINNATI, OH 45203						
Current Mailing Address:			New Mailii	New Mailing Address:		
C/O CHARLES D. SCHMALZ 644 LINN STREET, SUITE 200 CINCINNATI, OH 45203						
FEI Number: 31-1299990 FEI Number Applied For ( ) FEI Number			FEI Number Not Appli	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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			t	Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP () [ COUGHLIN, ROE 644 LINN STREE CINCINNATI, OH	ET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VT () I HAUSSLER, STE 644 LINN STREE CINCINNATI, OH	ET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HISS, ANDREW	DRIVE, SUITE 100	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HISS, ANDREW A 14900 161ST STREET BONNER SPRINGS, KS 66012		
Title: Name: Address: City-St-Zip:	D () I ROEDING, RICH 6800 CINTAS BL CINCINNATI, OH	VD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S ()[ SCHMALZ, CHAR 644 LINN STREE CINCINNATI, OH	ET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MILLER, SCOTT	TE PK DR, STE 124	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MILLER, SCOTT D 5190 MUIRWOOD COURT CINCINNATI, OH 45242		
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: CHARLES DAVID SCHMALZ

S 03/24/2008