2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F04000005721

Entity Name: PAYCOR, INC.

Current Principal Place of Business:

644 LINN STREET
SUITE 200
CINCINNATI, OH 45203

New Principal Place of Business:

Current Mailing Address:

C/O CHARLES D. SCHMALZ
644 LINN STREET, SUITE 200
CINCINNATI, OH 45203

New Mailing Address:

FEI Number: 31-1299990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: COUGHLIN, ROBERT J
Address: 644 LINN STREET
City-St-Zip: CINCINNATI, OH 45203

Title: VT ( ) Delete
Name: HAUSSLER, STEVEN G
Address: 644 LINN STREET
City-St-Zip: CINCINNATI, OH 45203

Title: D ( ) Delete
Name: HISS, ANDREW A
Address: 14900 161ST STREET
City-St-Zip: BONNER SPRINGS, KS 66012

Title: D ( ) Delete
Name: ROEDING, RICHARD L JR.
Address: 6800 CINTAS BLVD.
City-St-Zip: CINCINNATI, OH 45262

Title: S ( ) Delete
Name: SCHMALZ, CHARLES D
Address: 644 LINN STREET
City-St-Zip: CINCINNATI, OH 45203

Title: D ( ) Delete
Name: MILLER, SCOTT D
Address: 5190 MUIRWOOD COURT
City-St-Zip: CINCINNATI, OH 45242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 D. SCHMALZ S 03/23/2009

Electronic Signature of Signing Officer or Director — Date