2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
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:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES D. SCHMALZ SECR 04/14/2011

Electronic Signature of Signing Officer or Director Date