

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002899

FILED
May 02, 2008
Secretary of State

Entity Name: CINTAS CORPORATE SERVICES, INC.

Current Principal Place of Business:

6800 CINTAS BLVD
CINCINNATI, OH 45202

New Principal Place of Business:

6800 CINTAS BLVD
MASON, OH 45040

Current Mailing Address:

PO BOX 625737
CINCINNATI, OH 45202

New Mailing Address:

6800 CINTAS BLVD
MASON, OH 45040

FEI Number: 20-4877572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FARMER, SCOTT D
Address: 6800 CINTAS BLVD
City-St-Zip: CINCINNATI, OH 45202

Title: DP () Delete
Name: FARMER, SCOTT D
Address: 6800 CINTAS BLVD
City-St-Zip: CINCINNATI, OH 45202

Title: VCFO () Delete
Name: GALE, WILLIAM C
Address: 6800 CINTAS BLVD
City-St-Zip: CINCINNATI, OH 45202

Title: VT () Delete
Name: THOMPSON, MICHAEL L
Address: 6800 CINTAS BLVD
City-St-Zip: CINCINNATI, OH 45202

Title: DVS () Delete
Name: FROOMAN, THOMAS E
Address: 6800 CINTAS BLVD
City-St-Zip: CINCINNATI, OH 45202

Title: V (X) Delete
Name: CARNAHAN, KAREN L
Address: 6800 CINTAS BLVD
City-St-Zip: CINCINNATI, OH 45202

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: MICHAEL THOMPSON

VT

05/02/2008

Electronic Signature of Signing Officer or Director

Date