

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002899

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** CINTAS CORPORATE SERVICES, INC.

**Current Principal Place of Business:**

6800 CINTAS BLVD  
MASON, OH 45040

**New Principal Place of Business:**

**Current Mailing Address:**

6800 CINTAS BLVD  
MASON, OH 45040

**New Mailing Address:**

**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.  
515 E. PARK AVENUE  
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: CEO  
Name: FARMER, SCOTT D  
Address: 6800 CINTAS BLVD  
City-St-Zip: CINCINNATI, OH 45202

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

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

Title: VT  
Name: HANSEN, MICHAEL  
Address: 6800 CINTAS BLVD  
City-St-Zip: CINCINNATI, OH 45202

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

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: MICHAEL HANSEN

TREA

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date