2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F97000004565

1. Entity Name
DIEBOLD ELECTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
5995 MAYFAIR RD NORTH CANTON, OH 44720 US	PO BOX 3077 C/O 9-C-26 CANTON, OH 44720-8077 US

04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0394190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000705334
04/24/07-80014-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	VCFO
NAME	KRAKORA, KEVIN
STREET ADDRESS	116 TRUNKO RD
CITY-ST-ZIP	FAIRLAWN, OH 44333
TITLE	VPT
NAME	WARREN, ROBERT J
STREET ADDRESS	1544 SPERRY LANE SE
CITY-ST-ZIP	NORTH CANTON, OH 44709
TITLE	VPSD
NAME	DETTINGER, WARREN W
STREET ADDRESS	5237 BIRKDALE NW
CITY-ST-ZIP	CANTON, OH 44708
TITLE	P
NAME	BYRD, DAVID
STREET ADDRESS	5995 MAYFAIR ROAD
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

VICE PRESIDENT & TREASURER

SIGNATURE: Robert J. Warren Robert J. Warren 4/3/07 330/490-6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #