

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90013 004 ***550.00

DOCUMENT # F98000004941

1. Entity Name
AMERICAN FIRST AID COMPANY



Principal Place of Business
**6800 CINTAS BLVD.
P.O. BOX 625737
CINCINNATI, OH 45262-5737**

Mailing Address
**6800 CINTAS BLVD.
P.O. BOX 625737
CINCINNATI, OH 45262-5737**

40094289



05152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1252308	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FARMER, SCOTT D 6800 CINTAS BLVD. CINCINNATI, OH 452625737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALE, WILLIAM C 6800 CINTAS BLVD. CINCINNATI, OH 452625737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLLAK, DAVID 6800 CINTAS BLVD. CINCINNATI, OH 452625737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.

SIGNATURE: William C Gale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

ATTACHMENT

40094289

#F98000004941

American First Aid Company, Inc.

Corporate Officers

Name, Title

Address

Scott D. Farmer, CEO	6800 Cintas Blvd., Cincinnati, Ohio 45262
Dave Pollak Jr., President & COO	6800 Cintas Blvd., Cincinnati, Ohio 45262
William C. Gale, Sr Vice President	6800 Cintas Blvd., Cincinnati, Ohio 45262
Karen L. Carnahan, Vice President & Treasurer	6800 Cintas Blvd., Cincinnati, Ohio 45262
Thomas E. Frooman, Vice President & Secretary	6800 Cintas Blvd., Cincinnati, Ohio 45262
Janet Wendel, Assistant Secretary	6800 Cintas Blvd., Cincinnati, Ohio 45262
Robert E. Coletti, Assistant Secretary	6800 Cintas Blvd., Cincinnati, Ohio 45262

Corporate Directors

Scott D. Farmer, Director	6800 Cintas Blvd., Cincinnati, Ohio 45262
Robert J. Kohlhepp, Director	6800 Cintas Blvd., Cincinnati, Ohio 45262
Thomas E. Frooman, Director	6800 Cintas Blvd., Cincinnati, Ohio 45262