2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F98000004941 DOCUMENT

1. Entity Name

AMERICAN FIRST AID COMPANY



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90170 046 ***150.00

| | | | | 138 | 200 | | | | | | |
|---|--|--|-----------------------|--|--|--------------|--|---------------|---|-------------|--|
| 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 | | | | | | | # 0.1610 # 6 114 0 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Sta | te | City & State | | | | 4. FE | FEI Number 52-1252308 Applied For Not Applicable | | | | |
| Zip | Country | Zip | | Country | | 5. Ce | ertificate of Status Desired | | 8.75 Add | ditional | |
| | 6. Name and Address of Current | Registere | d Agent |] | | 7. Na | ame and Address of New Re | gistered Ag | jent | | |
| | | | Super Control | Name | Name | | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | Street / | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| PLANTATI | ION FL 33324 | | | | | | | | | | |
| | | | | City | | | | FL | Zip Code | e | |
| | e named entity submits this statement fo tions of registered agent. | r the purp | ose of changing its r | egistered office of | or registere | ed ager | nt, or both, in the State of Flori | da. I am far | niliar with, | and accept | |
| | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if app | licable. (NOTE: | Registered Agent signs | ture required | when rein | astating) | DATE | | | |
| | THE MONEY FEE IS \$150.00 | | | · | | | 4 | | | | |
| | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 | | | | | | 9. Election Campaign Final | | | O May Be | |
| | k Payable to Florida Department of | f State | | | | | Trust Fund Contribution. | | Added | I to Fees | |
| 10. | OFFICERS AND | | RS | 11. | | | DITIONS/CHANGES TO OFFIC | ERS AND F | DIRECTORS | S IN 11 | |
| TITLE | Р | DIFICOTO | Delete | TITLE | | 700 | THOROTOTIS TO CITTLE | | Change | ☐ Addition | |
| NAME | HAYES, LARRY E | | Delete | NAME | | | | | Griange | | |
| STREET ADDRESS | 6800 CINTAS BLVD. | | i | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CINCINNATI OH 45262-5737 | | | CITY-ST-ZIP | | | | | | 1 | |
| TITLE | V | | ☐ Delete | TITLE | Pres: | dent | } | 1 | Change | ☐ Addition | |
| NAME | FARMER, SCOTT D | | | NAME | Scot | + 0 |), Farmer | | | | |
| STREET ADDRESS | 6800 CINTAS BLVD. | | | STREET ADDRESS | 680 | | Cintas Blud. | | | | |
| CITY-ST-ZIP | CINCINNATI OH 45262-5737 | | | CITY-ST-ZIP | Cinc | inna | ati, OH 45262- | 57 <i>3</i> 7 | | ĺ | |
| TITLE | VD | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | FARMER, RICHARD T | | | NAME - | | | | • | | | |
| STREET ADDRESS | 6800 CINTAS BLVD. | | | STREET ADDRESS | İ | | | | | | |
| CITY-ST-ZIP | CINCINNATI OH 45262-5737 | | ·· | CITY-ST-ZIP | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE | ĮV . | | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAME | GALE, WILLIAM C | | | NAME | | | | | | | |
| STREET ADDRESS | 6800 CINTAS BLVD. | | | STREET ADDRESS | | | | | | · | |
| CITY-ST-ZIP | CINCINNATI OH 45262-5737 | | | CITY-ST-ZIP | ├ | | | | | | |
| TITLE | V DAVID | | ☐ Delete | TITLE | | | | Ļ | Change | ☐ Addition | |
| NAME STREET ADDRESS | POLLAK, DAVID 16800 CINTAS BLVD. | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CINCINNATI OH 45262-5737 | | | CITY-ST-ZIP | Ι. | | | | | İ | |
| TITLE | DCEO | | ☐ Delete | TITLE | | | | г | Change | Addition | |
| NAME | KOHLHEPP, ROBERT J | | □ Delete | NAME | | | | | | | |
| STREET ADDRESS | 6800 CINTAS BLVD. | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CINCINNATI OH 45262-5737 | | | CITY-ST-ZIP | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Attachment
10013505

F98000004944

American First Aid Company, Inc.

Corporate Officers

| Name, Title | Address |
|---|---|
| Robert J. Kohlhepp, Chief Exec. Officer Scott D. Farmer, President Richard T. Farmer, Vice President William C. Gale, Vice President Dave Pollak Jr., Vice President Karen L. Carnahan, Vice President & Treasurer Thomas E. Frooman, Secretary Donald P. Klekamp, Assistant Secretary Robert E. Coletti, Assistant Secretary | 6800 Cintas Blvd., Cincinnati, Ohio 45262 6800 Cintas Blvd., Cincinnati, Ohio 45262 |
| Corporate Directors | |
| Richard T. Farmer, Director Robert J. Kohlhepp, Director | 6800 Cintas Blvd., Cincinnati, Ohio 45262 6800 Cintas Blvd., Cincinnati, Ohio 45262 |