

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005831

1. Entity Name
CINTAS FIRST AID & SAFETY INC.

07-13-2000 90016 004 ***150.00

F98000005831

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 AM 6:40



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6800 CITRUS BLVD
CINCINNATI OH 45262

Mailing Address
6800 CITRUS BLVD
CINCINNATI OH 45262

2. Principal Place of Business
6800 Cintas Blvd

3. Mailing Address
6800 Cintas Blvd

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **33-0196033** Applied For
Not Applicable

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | KOHLHEPP, ROBERT J | |
| STREET ADDRESS | 6800 CINTAS BLVD | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FARMER, SCOTT D | |
| STREET ADDRESS | 6800 CINTAS BLVD | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FARMER, RICHARD T | |
| STREET ADDRESS | 6800 CINTAS BLVD | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | JEANMOUGIN, DAVID T | |
| STREET ADDRESS | 6800 CINTAS BLVD | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GALE, WILLIAM C | |
| STREET ADDRESS | 6800 CINTAS BLVD | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | POLLAK, DAVID | |
| STREET ADDRESS | 6800 CINTAS BLVD | |
| CITY-ST-ZIP | CINCINNATI OH | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

Handwritten initials: AA 8/4

13. 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 11 or Block 12 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 # _____

CR2004 (9/98)



DATE: August 3, 2000
TO: Karen Beyer
FROM: Tim Reynolds
RE: Affirmed Medical 2000 Business Report
Karen:

Due to an address error in your system, we were not able to obtain the 2000 Florida Annual Report/Uniform Business Report booklet in time to file a timely report. Therefore, we ask that you please waive the additional \$400 penalty associated with a late filing.

If you have any questions or require additional information, please contact me directly at (513) 573-4896.