


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90639 036 \*\*\*150.00

<b>DOCUMENT # F98000005831</b> 1. Entity Name <b>CINTAS FIRST AID &amp; SAFETY INC.</b>					
Principal Place of Business <b>6800 CUNTAS BLVD. CINCINNATI OH 45262</b>			Mailing Address <b>6800 CUNTAS BLVD. CINCINNATI OH 45262</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO		TITLE		
NAME	FARMER, SCOTT D <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6800 CINTAS BLVD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARMER, SCOTT D		NAME		
STREET ADDRESS	6800 CINTAS BLVD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNAHAN, KAREN L		NAME		
STREET ADDRESS	6800 CINTAS BLVD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALE, WILLIAM C		NAME		
STREET ADDRESS	6800 CINTAS BLVD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLAK, DAVID		NAME		
STREET ADDRESS	6800 CINTAS BLVD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>William C. Gale</i>			3/29/04      513-459-1200 <small>Date      Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**Affirmed Medical, Inc.  
Officer/Director Information**

**OFFICERS**

Scott D. Farmer, President & CEO  
William C. Gale, Sr Vice President  
Karen Carnahan, Vice President & Treasurer  
David Pollak, Vice President  
Thomas E. Frooman, Vice President & Secretary  
Janet K. Wendel, Asst. Secretary  
Robert E. Coletti, Asst. Secretary

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**DIRECTORS**

Robert J. Kohlhepp,  
Scott D. Farmer,  
Thomas E. Frooman,

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*Attachment*

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*#79 8000005831*