

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 043 ***550.00

DOCUMENT # F98000005831
 1. Entity Name
 CINTAS FIRST AID & SAFETY INC.



Principal Place of Business
~~6800 CUNTAS BLVD.~~
~~CINCINNATI, OH 45262~~

Mailing Address
~~6800 CUNTAS BLVD.~~
~~CINCINNATI, OH 45262~~

50019858



2. Principal Place of Business
 6800 Cintas Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 6800 Cintas Blvd
 Suite, Apt. #, etc.

05152006 Chg-P CR2E034 (11/05)

City & State
 Cincinnati, Ohio

City & State
 Cincinnati, Ohio

Zip
 45262

Zip
 45262

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. 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	CEO FARMER, SCOTT D <input type="checkbox"/> Delete 6800 CINTAS BLVD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARMER, SCOTT D <input type="checkbox"/> Delete 6800 CINTAS BLVD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARNAHAN, KAREN L <input checked="" type="checkbox"/> Delete 6800 CINTAS BLVD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALE, WILLIAM C <input checked="" type="checkbox"/> Delete 6800 CINTAS BLVD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLLAK, DAVID <input type="checkbox"/> Delete 6800 CINTAS BLVD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thompson, Michael 6800 Cintas Blvd. Cincinnati, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gale, William C 6800 Cintas Blvd Cincinnati, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employed.

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

Date _____ Daytime Phone # _____

ATTACHMENT

~~50019858~~
~~# F98000005831~~

Affirmed Medical, Inc. Officer/Director Information

OFFICERS

Gregory A. Emrick, President
William C. Gale, Sr Vice President & CFO
Ken Eslick, Secretary & Treasurer
Thomas E. Frooman, Asst. Secretary
Janet K. Wendel, Asst. Secretary
Robert E. Coletti, Asst. Secretary

6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262

513-459-1200
513-459-1200
513-459-1200
513-459-1200
513-459-1200
513-459-1200

DIRECTORS

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

6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262
6800 Cintas Blvd, Cincinnati, Ohio 45262

513-459-1200
513-459-1200
513-459-1200