2006 FOR PROFIT CORPORATION

SIGNATURE:

May 26, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F98000005831 05-26-2006 90017 043 ***550.00 1. Entity Name CINTAS FIRST AID & SAFETY INC. Principal Place of Business Mailing Address 6800 CUNTAS BLVD. -6800 CUNTAS BLVD: 50019858 CINCINNATI, OH-45262 CINCINNATI, OH 45282 2. Principal Place of Business 3. Mailing Address 6800 Cintas Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 05152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For incinna 33-0196033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITI F ☐ Delete TITLE Change Addition FARMER, SCOTT D NAME NAME STREET ADDRESS 6800 CINTAS BLVD STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FARMER, SCOTT D NAME NAME 6800 CINTAS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH CITY-ST-ZIP 7 TITLE Delete TITLE M Change ☐ Addition CARNAHAN, KAREN L Thompson, Michael NAME NAME STREET ADDRESS 6800 CINTAS BLVD STREET ADDRESS G800 Cintas Blvd. CITY-ST-ZIP CITY-ST-ZIP CINCINNATI, OH Cindinnati, OH Delete SRVP TITLE **Change** TITLE ☐ Addition Bale, William C GALE, WILLIAM C NAME NAME 6800 Cintas Blud STREET ADDRESS 6800 CINTAS BLVD STREET ADDRESS CINCINNATI, OH CITY-ST-ZIP Cincinnati, OH CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition POLLAK, DAVID NAME 6800 CINTAS BLVD STREET ADDRESS STREET ADDRESS CINCINNATI, OH CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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.

FILED

ATTACHMENT

F98 000005831

	6800 Cintas Blvd, Cincinnati, Ohio 45262	513-459-1200
6	6800 Cintas Blvd, Cincinnati, Ohio 45262	513-459-1200
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OFFICERS

Affirmed Medical, Inc. Officer/Director Information

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

DIRECTORS

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