

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P18215 (4)

1. Corporation Name  
CINTAS CORPORATION NO. 1



Principal Place of Business: 6800 CINTAS BLVD. P.O. BOX 625737 CINCINNATI OH 45262-2737  
Mailing Address: 6800 CINTAS BLVD. P.O. BOX 625737 CINCINNATI OH 45262-2737

3. Date Incorporated or Qualified: 02/29/1988  
3a. Date of Last Report: 10/11/1995  
4. FEI Number: 31-1188918  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	WILLIAM, GALE	
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	S	<input type="checkbox"/> DELETE
NAME	SCHEIDT, JILL G.	
STREET ADDRESS	6800 CINTAS BLVD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARNAHAN, KAREN	
STREET ADDRESS	6800 CINTAS BLVD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLETTI, ROBERT E	
STREET ADDRESS	6800 CINTAS BLVD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEKAMP, DONALD P.	
STREET ADDRESS	6800 CINTAS BLVD	
CITY - ST - ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Karen L. Carnahan, Treasurer* 4/15/96 513-573-4013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)