

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 45262-5737
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/29/1988	3a. Date of Last Report 04/19/1996
4. FEI Number 31-1188918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: William G. Gale WILLIAM G. GALE 4/7/97 (513)459-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)