

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 45262-2737
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 45262-5737 25	29 45262-5737 30

3. Date Incorporated or Qualified 02/29/1988	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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
	FL

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's signature required when reinstating)

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Jeanmougin, David T.
6.4 CITY-ST-ZIP	6800 Cintas Blvd.
	Cincinnati OH

14. I 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 C. Gale* **WILLIAM C. GALE** Vice President 46766 (513) 459-1700

CR2E034 (10/97)