

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18215

1. Entity Name

CINTAS CORPORATION NO. 1

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90058 002 ***150.00

Principal Place of Business	Mailing Address
6800 CINTAS BLVD. P.O. BOX 625737 CINCINNATI OH 45262 US	6800 CINTAS BLVD. P.O. BOX 625737 CINCINNATI OH 45262-5737 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	31-1188918	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, GALE	NAME	
STREET ADDRESS	6800 CINTAS BLVD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, RICHARD T.	NAME	
STREET ADDRESS	6800 CINTAS BLVD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIDT, JILL G.	NAME	
STREET ADDRESS	6800 CINTAS BLVD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNAHAN, KAREN	NAME	
STREET ADDRESS	6800 CINTAS BLVD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTI, ROBERT E	NAME	
STREET ADDRESS	6800 CINTAS BLVD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANMOUGIN, D	NAME	
STREET ADDRESS	6800 CINTAS BLVD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (513) 459-1200
Date Daytime Phone #