

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830501

**Entity Name:** CINCOM SYSTEMS, INC.

**Current Principal Place of Business:**

55 MERCHANT ST  
CINCINNATI, OH 45246

**Current Mailing Address:**

55 MERCHANT ST  
ATTN: TAX DEPT  
CINCINNATI, OH 45246 US

**FEI Number:** 31-0743387

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCO  
Name NIES, THOMAS M  
Address 14 HAMPTON LANE  
City-State-Zip: CINCINNATI OH 45208

Title T  
Name SHAWHAN, GERALD L  
Address 2973 TIMBERVIEW DR.  
City-State-Zip: CINCINNATI OH 45211

Title S  
Name BYRNE, KENNETH L  
Address 2350 DEVILS BACKBONE ROAD  
City-State-Zip: CINCINNATI OH 45233

Title D  
Name NIES DOWLING, VICTORIA  
Address 2700 WALSH RD.  
City-State-Zip: CINCINNATI OH 45208

Title D  
Name NIES, JENNIFER M  
Address 3688 KROGER  
City-State-Zip: CINCINNATI OH 45226

Title DIRECTOR  
Name NIES, THOMAS JR.  
Address 3029 ONONTA  
City-State-Zip: CINCINNATI OH 45226

Title DIRECTOR  
Name NIES, ERIC L  
Address 2466 GRANDIN ROAD  
City-State-Zip: CINCINNATI OH 45208

Title MRS.  
Name NIES, TINA  
Address 14 HAMPTON LANE  
City-State-Zip: CINCINNATI OH 45208

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD L. SHAWHAN

**TREASURER**

**03/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date