

**2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F00000003109

**FILED**  
**May 08, 2019**  
**Secretary of State**  
**9412089592CC**

**Entity Name:** CINTAS CORPORATION NO. 2

**Current Principal Place of Business:**

6800 CINTAS BOULEVARD  
MASON, OH 45040

**Current Mailing Address:**

6800 CINTAS BOULEVARD  
MASON, OH 45040

**FEI Number:** 31-1703809

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SR. VP, CFO, DIRECTOR  
Name HANSEN, J MICHAEL  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY  
Name FOLEY, JOSEPH  
Address 7251 SALISBURY ROAD, SUITE 1  
City-State-Zip: JACKSONVILLE FL 32256

Title ASST. SECRETARY  
Name FORTNER, TOM  
Address 7251 SALISBURY ROAD  
SUITE 1  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, CEO  
Name FARMER, SCOTT D  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title SECRETARY, DIRECTOR, VP  
Name FROOMAN, THOMAS E  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title DIRECTOR  
Name WARD, RODNEY W  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title PRESIDENT  
Name SCHNEIDER, TODD  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY  
Name HERB, STEPHEN  
Address 7251 SALISBURY ROAD  
SUITE 1  
City-State-Zip: JACKSONVILLE FL 32256

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*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:** J MICHAEL HANSEN

**CFO**

**05/08/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name RAGSDALE, MICHAEL  
Address 7251 SALISBURY ROAD  
SUITE 1  
City-State-Zip: JACKSONVILLE FL 32256

Title ASST. SECRETARY  
Name SKUFCA, CHRISTOPHER  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title ASST. SECRETARY  
Name DENTON, D. BROCK  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title TREASURER, VP  
Name ADLER, PAUL  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040

Title VP  
Name AMANN, JOHN  
Address 6800 CINTAS BOULEVARD  
City-State-Zip: MASON OH 45040