



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51000 2. Name of Corporation Simplex Time Recorder Co.
3. Street Address Principal Business Office One Town Center Road City Boca Raton State FL Zip 33486
4. Business Phone No. (561) 988-7200 5. State of Incorporation MASSACHUSETTS 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Fire & security

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Jerry Boggess Vice President Name Scott Stevenson
Street Address One Town Center Rd. Street Address One Town Center Rd.
City Boca Raton State FL Zip 33431 City Boca Raton State FL Zip 33431
Secretary Name Bernard Doherty Treasurer Name Michael A. Robinson
Street Address One Tyco Park Street Address One Town Center Rd.
City Exeter State NH Zip 03833 City Boca Raton State FL Zip 33431

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Bernard Doherty Director Name Irving Gutin
Street Address One Tyco Park Street Address One Tyco Park
City Exeter State NH Zip 03833 City Exeter State NH Zip 03833
Director Name M. Brian Morozze Director Name
Street Address One Tyco Park Street Address
City Exeter State NH Zip 03833 City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>5,625,420</u>	<u>Class A NonVoting</u>	<u>\$ 1.00</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>5,521,218</u>	<u>Class A Non-Voting</u>	<u>\$ 1.00</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 3/5

Check No.: 44207

By: SC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Scott Stevenson Date 3/11/01

Scott Stevenson
Vice President/Asst. Treasurer

Title of Officer