



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

SIMPLEX PLAZA

City **GARDNER**

State **MA**

Zip **01441**

4. Business Phone No.

508-630-7374

5. State of Incorporation **MASSACHUSETTS**

6. SIC Code **3699**

7. Brief Description of the Character of Business Conducted in Rhode Island

SALES / SERVICE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **X**

President Name

EDWARD G. WATKINS

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

Secretary Name

WILLIAM J. GEORGE

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

Vice President Name

THOMAS A. CURTIN

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

Treasurer Name

JOSEPH MARZILLI

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

EDWARD G. WATKINS

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

Director Name

THOMAS A. CURTIN

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

Director Name

JOHN J. COLEMAN

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

Director Name

EDWARD F. HINES, JR.

Street Address

SIMPLEX PLAZA

City **GARDNER** State **MA** Zip **01441**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

800,000 Common-NonVoting 1.00

200,000 Common-Voting 1.00

ISSUED SHARES

Number of Shares Class/Series Par Value

334,022 Common-NonVoting 1.00

104,202 Common-Voting 1.00

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



* 5 1 0 0 0 *

File Date: **3-17-97**

Check No.: **686945**

By: **ICP**

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

JOSEPH MARZILLI

TREASURER

Date **2/13/97**