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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23307 (2)

1. Corporation Name
SIMPLEX TIME RECORDER CO.

Principal Place of Business	Mailing Address
SIMPLEX PLAZA GARDNER MA 01441	SIMPLEX PLAZA GARDNER MA 01441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 04-2797344 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE		☑ Change ☐ Addition
NAME	WATKINS, EDWARD G.	1.2 NAME		
STREET ADDRESS	68 GREAT MEADOWS RD	1.3 STREET ADDRESS	Simplex Plaza	
CITY-ST-ZIP	CONCORD MA	1.4 CITY-ST-ZIP	Gardner MA 01441	
TITLE	VD	2.1 TITLE		☑ Change ☐ Addition
NAME	CURTIN, THOMAS A.	2.2 NAME		
STREET ADDRESS	383 SIMON WILLARD ROAD	2.3 STREET ADDRESS	Simplex Plaza	
CITY-ST-ZIP	CONCORD MA	2.4 CITY-ST-ZIP	Gardner MA 01441	
TITLE	VS	3.1 TITLE		☑ Change ☐ Addition
NAME	BALLARD, EUGENE H.	3.2 NAME		
STREET ADDRESS	6 CANDLEWOOD DRIVE	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ANDOVER MA	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☑ Change ☐ Addition
NAME	LUNDSTED, STEPHEN	4.2 NAME		
STREET ADDRESS	PO BOX 578	4.3 STREET ADDRESS	Simplex Plaza	
CITY-ST-ZIP	RINDGE NH	4.4 CITY-ST-ZIP	Gardner MA 01441	
TITLE	V	5.1 TITLE		☑ Change ☐ Addition
NAME	EVERETT, FRANKLIN D.	5.2 NAME		
STREET ADDRESS	138 OLD FARM ROAD	5.3 STREET ADDRESS	Simplex Plaza	
CITY-ST-ZIP	LEOMINSTER MA	5.4 CITY-ST-ZIP	Gardner MA 01441	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	MARZILLI, JOSEPH	6.2 NAME		
STREET ADDRESS	SIMPLEX PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	GARDNER MA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Joseph Marzilli. 4-5-95 508-632-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph Marzilli, Treasurer

0483408 FN