

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213517807

1.) CORPORATION NAME:

Time-O-Matic, Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1712910**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7701 FORSYTH BLVD
STE 600

CITY/ST/ZIP: ST LOUIS, MO 63105

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STEPHEN HARRIOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1015 MAPLE STREET		
CITY/ST/ZIP/CO:	P O BOX 850 DANVILLE, IL 61832		

NAME:	STEVEN M FOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7701 FORSYTH BLVD		
CITY/ST/ZIP/CO:	STE 600 ST LOUIS, MO 63105		

NAME:	SAMUEL A HAMACHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7701 FORSYTH BLVD		
CITY/ST/ZIP/CO:	STE 600 ST LOUIS, MO 63105		

NAME:	MICHAEL P SANTONI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP Finance		
ADDRESS:	7701 FORSYTH BLVD		
CITY/ST/ZIP/CO:	STE 600 ST LOUIS, MO 63105		

NAME:	GREGORY A FOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	7701 FORSYTH BLVD		
CITY/ST/ZIP/CO:	STE 600 ST LOUIS, MO 63105		

NAME: Robert Kevin Klebe TITLE: SECRETARY ADDRESS: 7701 Forsyth Blvd. Ste. 600 CITY/ST/ZIP/CO: St. Louis, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Robert Kevin Klebe TITLE: PRESIDENT ADDRESS: 7701 Forsyth Blvd. Ste. 600 CITY/ST/ZIP/CO: St. Louis, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Frank Dwyer TITLE: CFO ADDRESS: 1015 Maple St. CITY/ST/ZIP/CO: Danville, IL 61832	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Jeff Kobriech TITLE: EVP ADDRESS: 1015 Maple St. CITY/ST/ZIP/CO: Danville, IL 61832	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ MICHAEL P SANTONI	MICHAEL P SANTONI, VP Finance	4/15/2013		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				