

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 029 ***150.00

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1. Entity Name
BRADLEY FIXTURES CORPORATION



Principal Place of Business: **W142 N9101 FOUNTAIN BLVD
 MENOMONEE FALLS, WI 53051**

Mailing Address: **P.O. BOX 309
 MENOMONEE FALLS, WI 53052**

40099840



DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number: **39-1916030** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	MULLETT, DONALD H
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD
CITY-ST-ZIP	MENOMONEE FALLS, WI 53051
TITLE	PCOO
NAME	ANDERSEN, WILLIAM C
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD
CITY-ST-ZIP	MENOMONEE FALLS, WI 53051
TITLE	D
NAME	MULLETT, BARBARA H
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD
CITY-ST-ZIP	MENOMONEE FALLS, WI 53051
TITLE	D
NAME	FYFFE, JAMES R
STREET ADDRESS	PO BOX 2497
CITY-ST-ZIP	CAREFREE, AZ 85377
TITLE	D
NAME	LIEBERT, JAMES E
STREET ADDRESS	140 NORTH AVENUE
CITY-ST-ZIP	HARTLAND, WI 53029
TITLE	D
NAME	HOFFMAN, ERNEST J
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD
CITY-ST-ZIP	MENOMONEE FALLS, WI 53051

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C Klegera John C Klegera VP 4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* See attached for additional officers and Directors

ATTACHMENT
40099846

Florida 2007 Annual Report - Additional Directors/Officers listing
Bradley Fixtures
F04000002996

Title VTSD
Name Kleczka, John C.
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051

Title V
- Name Zingsheim, Steven Y
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051