


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90144 035 ***150.00

DOCUMENT # F04000002996					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222008 Chg-P CR2E034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 39-1916030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MULLETT, DONALD H W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ANDERSEN, WILLIAM C W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSEN, WILLIAM C W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLETT, BARBARA H W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FYFFE, JAMES R PO BOX 2497 CAREFREE, AZ 85377	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERT, JAMES E 140 NORTH AVENUE HARTLAND, WI 53029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ERNEST J W142 N9101 FOUNTAIN BLVD MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mark Unhopper VP.</i>			Date: <i>4/23/08</i> Daytime Phone #: <i>22-532-5970</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

* See attached for additional Officers and Directors

ATTACHMENT

40093640

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

Title Vice President
Name Umhoefer, Mark R.
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051

Title Vice President
Name Mullett, Bryan H.
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051

Title COO
Name Sipek, Mike C.
Street W142 N9101 Fountain Blvd
City-St-Zip Menomonee Falls, WI 53051