

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002996

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRADLEY FIXTURES CORPORATION

Current Principal Place of Business:

W142 N9101 FOUNTAIN BLVD
MENOMONEE FALLS, WI 53051

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 309
MENOMONEE FALLS, WI 53052

New Mailing Address:

FEI Number: 39-1916030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: MULLETT, DONALD H
Address: W142 N9101 FOUNTAIN BLVD
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D () Delete
Name: ANDERSEN, WILLIAM C
Address: W142 N9101 FOUNTAIN BLVD
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D () Delete
Name: MULLETT, BARBARA H
Address: W142 N9101 FOUNTAIN BLVD
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D () Delete
Name: FYFFE, JAMES R
Address: PO BOX 2497
City-St-Zip: CAREFREE, AZ 85377

Title: D () Delete
Name: LIEBERT, JAMES E
Address: 140 NORTH AVENUE
City-St-Zip: HARTLAND, WI 53029

Title: D () Delete
Name: HOFFMAN, ERNEST J
Address: W142 N9101 FOUNTAIN BLVD
City-St-Zip: MENOMONEE FALLS, WI 53051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KLECZKA, JOHN C
Address: W142 N9101 FOUNTAIN BLVD
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK UMHOEFER

VPST

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date