

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90031 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000001911

1. Corporation Name
BRADLEY FIXTURES CORPORATION



Principal Place of Business Mailing Address
W142 N9101 FOUNTAIN BLVD. W142 N9101 FOUNTAIN BLVD.
MENOMONEE FALLS WI 53051 MENOMONEE FALLS WI 53051

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-1916030	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLETT, DONALD H	1.2 NAME	
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	1.4 CITY-ST-ZIP	
TITLE	PCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JAMES E	2.2 NAME	
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	2.4 CITY-ST-ZIP	
TITLE	SVST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLECZKA, JOHN C III	3.2 NAME	
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCKEY, PHILIP L	4.2 NAME	
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMLETT, ROBERT S	5.2 NAME	
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDSCHNEIDER, JOHN F	6.2 NAME	
STREET ADDRESS	W142 N9101 FOUNTAIN BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *J. Kleczka* VP Date: **4/28/99** Daytime Phone #: **(414)251-6000**

CR2E034 (1/198)

**Bradley Fixtures Corporation
Officers Listing**

<u>Title</u>	<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>	<u>SS #</u>
Chairman & Chief Executive Officer	Donald H. Mullett	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	N57 W30850 Lakewood Drive Hartland, WI 53029	395-38-1514
President & Chief Operating Officer	James E. Carroll	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	1685 Sunset Drive Elm Grove, WI 53211	568-66-6267
Sr. Vice President Finance, Secretary and Treasurer	John C. Kleczka, III	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	855 Foxkirk Drive Brookfield, WI 53045	398-40-3712
Vice President - Operations	Philip L. Stuckey	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	7225 W. Lafayette Place Mequon, WI 53092	388-56-8125
Vice President Management Information Technology	Robert S. Tremlett	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	11331 North Riverland Rd. Mequon, WI 53092	413-74-1539
Vice President Corporate Human Relations	John F. Wandschneider	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	W146 N6565 Cedar Ridge Lane Menomonee Falls, WI 53051	391-40-6896
Vice President Fixtures Sales	Roger D. Chammagne	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	658 Ridge Wood Knoll Hubertus, WI 53033	398-34-4036

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