


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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23114 (2)
 1. Corporation Name
BRADY DISTRIBUTING COMPANY



Principal Place of Business 2708 YORKMONT RD. P O BOX 19269 CHARLOTTE NC 28219-6269 US	Mailing Address 2708 YORKMONT RD. P O BOX 19269 CHARLOTTE NC 28219-6269 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1989	
21	22	26	27	4. FEI Number 56-0852468	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADY, JON P.			1.2 NAME			
STREET ADDRESS	2708 YORKMONT RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORRIS, R.B.			2.2 NAME			
STREET ADDRESS	2708 YORKMONT RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	CHIEF OPERATING OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOKE, LARRY E.			3.2 NAME			
STREET ADDRESS	2708 YORKMONT RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			3.4 CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADY, JON W.			4.2 NAME			
STREET ADDRESS	2708 YORKMONT RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			4.4 CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADY, CHRISTOPHER B			5.2 NAME			
STREET ADDRESS	2708 YORKMONT RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADY, GWENDOLYN H			6.2 NAME			
STREET ADDRESS	2708 YORKMONT RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			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)(l), 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.

SIGNATURE: *[Signature]* **LARRY E. COOKE** 1-30-98 (704) 357-6284

CR2E094 (10/97)