

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3: 31**

**DOCUMENT # P37201 (1)**

1. Corporation Name  
**BRADY USA, INC.**

Principal Place of Business  
**727 W GLENDALE AVE  
GLENDALE WI 53209  
US**

Mailing Address  
**P.O. BOX 571  
MILWAUKEE WI 53209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/23/1992** 3a. Date of Last Report **05/01/1994**

21. Principal Place of Business <b>6555 W. Good Hope Road</b>	22a. Mailing Address <b>Suite, Apt. #, etc.</b>	4. FCI Number <b>39-1713006</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>Milwaukee WI</b>	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>53223</b>	25. Country	29. Zip <b>53201</b>	30. Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> 83 84 City <b>Plantation</b> FL 85 Zip Code <b>33324</b>
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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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HUDSON, KATHERINE M</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>727 W GLENDALE AVE</b>	CITY- ST- ZIP <b>727 W GLENDALE AVE GLENDALE WI</b>	1.2 NAME	
TITLE <b>V</b>	NAME <b>GILLSTROM, GREGORY W</b>	1.3 STREET ADDRESS <b>6555 W Good Hope Road</b>	
STREET ADDRESS <b>727 W GLENDALE AVE</b>	CITY- ST- ZIP <b>727 W GLENDALE AVE GLENDALE WI</b>	1.4 CITY- ST- ZIP <b>Milwaukee WI 53223</b>	
TITLE <b>VTD</b>	NAME <b>DELUCA, DONALD P.</b>	2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>727 W GLENDALE AVE</b>	CITY- ST- ZIP <b>727 W GLENDALE AVE GLENDALE WI</b>	2.2 NAME <b>Arnold, Mary T.</b>	
TITLE <b>V</b>	NAME <b>SUBACH, DANIEL J</b>	2.3 STREET ADDRESS <b>2221 W Camden Road</b>	
STREET ADDRESS <b>727 W GLENDALE AVE</b>	CITY- ST- ZIP <b>727 W GLENDALE AVE GLENDALE WI</b>	2.4 CITY- ST- ZIP <b>Milwaukee WI 53221</b>	
TITLE <b>SD</b>	NAME <b>LETTENBERGER, PETER J.</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 E. WISCONSIN AVE.</b>	CITY- ST- ZIP <b>MILWAUKEE WI</b>	3.2 NAME	
TITLE		3.3 STREET ADDRESS <b>6555 W Good Hope Road</b>	
NAME		3.4 CITY- ST- ZIP <b>Milwaukee WI 53223</b>	
STREET ADDRESS		4.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		4.2 NAME <b>Hawke, David R.</b>	
TITLE		4.3 STREET ADDRESS <b>6555 W Good Hope Road</b>	
NAME		4.4 CITY- ST- ZIP <b>Milwaukee WI 53223</b>	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY- ST- ZIP	
STREET ADDRESS		6.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY- ST- ZIP		6.2 NAME <b>Schroeder, David W.</b>	
TITLE		6.3 STREET ADDRESS <b>6555 W Good Hope Road</b>	
NAME		6.4 CITY- ST- ZIP <b>Milwaukee WI 53223</b>	
STREET ADDRESS			
CITY- ST- ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in the attachment with an address.

SIGNATURE: Donald P. Deluca DONALD P. DELUCA (414) 358-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) (Type in)