


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90067 020 ***150.00

DOCUMENT # P37201

1. Entity Name
BRADY WORLDWIDE, INC.



Principal Place of Business
**6555 W. GOOD HOPE ROAD
MILWAUKEE WI 53223
US**

Mailing Address
**P.O. BOX 571
MILWAUKEE WI 53201
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **39-1713006**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent:

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

7. Name and Address of New Registered Agent:

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HUDSON, KATHERINE M | |
| STREET ADDRESS | 6555 W. GOOD HOPE ROAD | |
| CITY-ST-ZIP | MILWAUKEE WI | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JAEHNERT, FRANK | |
| STREET ADDRESS | 6555 W. GOOD HOPE RD. | |
| CITY-ST-ZIP | MILWAUKEE WI | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | LETTENBERGER, PETER J. | |
| STREET ADDRESS | 411 E. WISCONSIN AVE. | |
| CITY-ST-ZIP | MILWAUKEE WI | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SCHROEDER, DAVID W | |
| STREET ADDRESS | 6555 W GOOD HOPE RD | |
| CITY-ST-ZIP | MILWAUKEE WI 53223 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT + CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CONRAD G. GOODKIND, ESQ | |
| STREET ADDRESS | 411 E. WISCONSIN AVE | |
| CITY-ST-ZIP | MILWAUKEE WI 53209 | |
| TITLE | SR VICE-PRESIDENT + CFO | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: *David W Schroeder* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **SCHROEDER SR VP + CFO** **4/29/03 414-358-6600**

Date Daytime Phone #

CR2E034 (1/0/02)