

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37201 (1)**
1. Corporation Name
BRADY USA, INC.



Principal Place of Business: **6555 W. GOOD HOPE ROAD MILWAUKEE WI 53223 US**
Mailing Address: **P.O. BOX 571 MILWAUKEE WI 53201 US**

3. Date Incorporated or Qualified: **01/23/1992**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **39-1713006**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUDSON, KATHERINE M	
STREET ADDRESS	6555 W. GOOD HOPE ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, MARY T.	
STREET ADDRESS	2221 W. CAMDEN ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DELUCA, DONALD P.	
STREET ADDRESS	6555 W GOOD HOPE ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAWKE, DAVID R.	
STREET ADDRESS	6555 W GOOD HOPE ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LETTENBERGER, PETER J.	
STREET ADDRESS	411 E. WISCONSIN AVE.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, DAVID W.	
STREET ADDRESS	6555 W GOOD HOPE ROAD	
CITY-ST-ZIP	MILWAUKEE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Remove
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Remove
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Remove
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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: Thomas E. Scherer Thomas E. Scherer 4/30/96 (414) 358-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)