

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37201

**Entity Name:** BRADY WORLDWIDE, INC.

**Current Principal Place of Business:**

6555 WEST GOOD HOPE ROAD  
MILWAUKEE, WI 53223

**Current Mailing Address:**

6555 WEST GOOD HOPE ROAD  
MILWAUKEE, WI 53223 US

**FEI Number:** 39-1713006

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name PEARCE, AARON J.  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title PRESIDENT  
Name NAUMAN, J. MICHAEL  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title ASSISTANT SECRETARY  
Name HAUFSCCHILD, JEFFREY M.  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title TREASURER  
Name PEARCE, AARON J.  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title SECRETARY  
Name GORMAN, ANDREW T.  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title ASSISTANT TREASURER  
Name STRANDE, MAGGIE  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title DIRECTOR  
Name PEARCE, AARON J.  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title DIRECTOR  
Name NAUMAN, J. MICHAEL  
Address 6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW T. GORMAN

**SECRETARY**

**05/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GORMAN, ANDREW T.  
Address        6555 WEST GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53223