

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002650

FILED
Feb 17, 2004
Secretary of State

Entity Name: MICHAEL BRADY, INC.

Current Principal Place of Business:

299 N WEISGARBER RD
KNOXVILLE, TN 37919

New Principal Place of Business:

Current Mailing Address:

299 N WEISGARBER RD
KNOXVILLE, TN 37919

New Mailing Address:

FEI Number: 62-1453994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BRADY, MICHAEL G
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

Title: SD () Delete
Name: FARMER, DANIEL P
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD () Delete
Name: GRANT, CHARLES
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD () Delete
Name: CORTINA, LOUIS
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD () Delete
Name: STEVERSON, WILLIAM
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

Title: VPD () Delete
Name: HULTS, JOHN
Address: 299 N WEISGARBER ROAD
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL A. SMITH

Electronic Signature of Signing Officer or Director

CFO

02/17/2004

_____ Date

DAVID HURST, V.P.
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ROBERT HOLMES, V. P.
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KNOXVILLE, TN 37919

GREGORY FARMER, V.P.
299 N. WEISGARBER ROAD
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CHARLES POWELL, V.P.
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J. ANDERSON EVANS, V.P.
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E. MIKE DIONAS, V.P.
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KNOXVILLE, TN 37919

W. CARL TAYLOR, V.P.
901 N. LAKE DESTINY DRIVE
SUITE 151
MAITLAND, FL 32751

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