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(Requestor's Name)				
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PICK-UP WAIT MAII	L			
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

то:		ation Sec on of Corp							
SUBJ	ECT:	Bradl	ey Cor	poration					
	_		()	Vame of corpo	ratio	n - must include suffix)			
Dear S	ir or Ma	dam:							
"Certif	icate of l		", and check			Authorization to Transage gister the above referer			
Please	return al	l correspo	ndence con	cerning this ma	atter	to the following:		W04	-19146
	John	Gries	smaier					1000	
				(Nam	e of	Person)	_		
	Brad	ley Co	rporat	ìon					
				(Firm	/Cor	npany)			_ _
	P.O.	Вох 3	309						
			7	(/	Addr	ess)			
	Menoi	monee	Falls,	WI 53052					
				(City/St	ate a	nd Zip code)			
For fur	ther info	rmation c	oncerning th	nis matter, plea	ise ca	all:			O4 MAY 27 AM 11: 2
	John	Gries	maier	at (_26	2_) 532-5974			CORICO COR
	(Name	of Person	1)	(A	rea C	Code & Daytime Teleph	one N	Number)	Forkitions
Registr Divisio 409 E.	ET ADD ration Secon of Cor Gaines S assee, FL	ction porations St.				MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons		(C)
Enclose	ed is a ch	ieck for th	ne following	; amount:					
X \$70.	.00 Filin	g Fec		Filing Fee & eate of Status	σ	\$78.75 Filing Fee & Certified Copy	٥	\$87.50 Filing Certificate of Certified Cop	Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 18, 2004

JOHN GRIESMAIER BRADLEY CORPORATION P.O. BOX 309 MENOMONEE FALLS, WI 53052

SUBJECT: BRADLEY CORPORATION

Ref. Number: W04000019186

DIVISION OF CORPORATIONS

OF HAY 27 MM 11: 25

We have received your document for BRADLEY CORPORATION and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of aname is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 004A00034831

BRADLEY

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Bradies Corporation	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Ce," or "Corp.")	
	Bradley Corporation of Wisconsin	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	Wisconsin 3. 39-0178880	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	O1/01/1921 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
•	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	01/01/04 (see attached note) Ç	<u> </u>
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification,")	SION
7.	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) W142 N9101 Fountain Blvd Menomonee Falls, WI 53051 (Principal office address) P.O. Box 309 Menomonee Falls, WI 53052 (Current mailing address)	SEA SEA
•	(Principal office address)	35
	P.O. Box 309 Menomonee Falls, WI 53052	Sec. 25.
	(Current mailing address)	To the
8. 9	Manufacturing of washroom accessories shipped into Florid (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
٦.		
	Name: CT Corporation System	
Oi	ffice Address: 1200 South Pine Island Rd	
	Plantation , Florida 33324 (City) (Zip code)	
He de fu	1. Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the planted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity rither agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	ity. I
	Aveloce Stume Beverlee Stume	
	(Registered agent's signature) Assistant Secretary	

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{12.} Names and business addresses of officers and/or directors:

Bradley Corporation Florida Application Supplementary Sheet FEIN 39-0178880

Bradley Corporation, a manufacturer of plumbing fixtures and accessories located in the State of Wisconsin, is applying for a sales tax permit to collect and remit sales tax. Bradley Corporation is collecting sales tax for our customer in lieu of the customer remitting the consumer's use tax on their purchases. This arrangement is an accommodation for our customer since Bradley does not have nexus in the State of Florida requiring the collection of sales tax. Bradley Corporation plans to de-register upon conclusion of the sales contract with this customer.

OK HAY 27 AM II: 25

A. DIRECTORS	SEE ATTACHED LISTING	
Chairman:		
Vice Chairman:		
Director:		
Director:		
Address:		OF HAY
B. OFFICERS	SEE ATTACHED LISTING	RANGE STATE
President:		
Address:		ىق قى
Vice President:		
Address:	······································	
Address:		
Address:		
NOTE: If necessary, you may at	tach an addendum to the application listing additional officers an	ad/or directors.
13.	Kendy	
	ector or Officer listed in number 12 of the application)	
14 John C Kleczka	, Secretary & Treasurer	

(Typed or printed name and capacity of person signing application)

Bradley Corporation Officers and Members of the Board of Directors

Business Address	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051	W142 N9101 Fountain Blvd. Menomonee Falls, WI 53051				
Name	Donald H. Mullett	William C. Andersen	John C. Kleczka, III	Larry K. Stover	Steven Y. Zingsheim	
Title	Chairman & Chief Executive Officer	President & Chief Operating Officer	Sr. Vice President Finance, Secretary & Treasurer	Vice President-Manufacturing, Bradley Corporation	Vice President Sales Bradley Corporation	

Board of Directors

James E. Liebert Services 140 North Avenue Hartland WI 53029

Ernest J. Hoffman

OF MAY 27 AH 11: 25

JCK/DIR&OFF

Revised 44-02 (LH), S-1-02 (TS), 10-14-02 (TS), 12-18-03 (TS)

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that;

BRADLEY CORPORATION

is a domestic corporation organized under the laws of this state and that its date of incorporation is August 6, 1921.

I further certify that said entity has, within its most recently completed report year, filed an annual report required under section 180.1622, 180.1921, 181.1622, 183.0120 or 185.48 of the Wisconsin Statutes.

I further certify that said company has not filed articles of dissolution with this department.

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IN TESTIMONY WHEREOF, I have hereurifo set my hand and affixed the official seal of the Department on April 26, 2004.



RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To Validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

3109-6C261865