


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90080 028 \*\*\*150.00

<b>DOCUMENT # F04000002991</b> 1. Entity Name <b>BRADLEY CORPORATION OF WISCONSIN</b>					
Principal Place of Business <b>W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051</b>			Mailing Address <b>P.O. BOX 309 MENOMONEE FALLS, WI 53052</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>39-0178880</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MULLETT, DONALD H W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ANDERSEN, WILLIAM C W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD KLECZKA, JOHN C III W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOVER, LARRY K W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZINGSHEIM, STEVEN Y W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLETT, BARBARA H W142 N9101 FOUNTAIN BLVD. MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John C Kleczka</u> <u>JOHN C KLECZKA VP 4/23/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

\* See attached for additional officers and Directors

# ATTACHMENT

40099847

Florida 2007 Annual Report - Additional Directors/Officers listing  
Bradley Corporation of Wisconsin  
F04000002991

Title Director  
Name Fyffe, James R.  
Street W142 N9101 Fountain Blvd  
City-St-Zip Menomonee Falls, WI 53051

Title Director  
Name Hoffman, Ernest  
Street W142 N9101 Fountain Blvd  
City-St-Zip Menomonee Falls, WI 53051

Title Director  
Name Liebert, James  
Street W142 N9101 Fountain Blvd  
City-St-Zip Menomonee Falls, WI 53051