2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# F97000000836

Entity Name: BRADY, INC.

Current Principal Place of Business:

720 EAST WISCONSIN AVE
MILWAUKEE, WI 53202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3170
MILWAUKEE, WI 532013170

New Mailing Address:

FEI Number: 39-1566278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: CLARK, DAVID D
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: PD ( ) Delete
Name: LODUHA, JAMES G
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: V (X) Delete
Name: KNOX, PAMELA A
Address: ONE TAMPA CITY CNTR., STE. 2865
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: KUZMINSKI, TODD C
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: DV (X) Delete
Name: BASTIEN, ROBERT J
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: S (X) Delete
Name: SHAW, CATHERINE L
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLARK, DAVID
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: P (X) Change ( ) Addition
Name: LODUHA, JAMES
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

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

Title: T (X) Change ( ) Addition
Name: KUZMINSKI, TODD
Address: 720 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

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 exemption stated 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 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: JAMES LODUHA P 05/06/2008

Electronic Signature of Signing Officer or Director — Date