

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P23114**1. Entity Name
BRADY DISTRIBUTING COMPANY**Principal Place of Business**2708 YORKMONT RD.
P O BOX 19269
CHARLOTTE
282196269

US

NC

Mailing Address2708 YORKMONT RD.
P O BOX 19269
CHARLOTTE
282196269

US

NC

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**56-0852468**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFRANKEN CHARLES D
NATIONS BANK PROFESSIONAL CTR STE 360
8181 W. BROWARD BLVD.
PLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D
NAME BRADY GWENDOLYN H
STREET ADDRESS 2708 YORKMONT RD
CITY-ST-ZIP CHARLOTTE NC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE VPTD
NAME BRADY CHRISTOPHER B
STREET ADDRESS 2708 YORKMONT RD
CITY-ST-ZIP CHARLOTTE NC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE VPSD
NAME BRADY JON W.
STREET ADDRESS 2708 YORKMONT RD.
CITY-ST-ZIP CHARLOTTE NC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE COO
NAME COOKE, LARRY E.
STREET ADDRESS 2708 YORKMONT RD.
CITY-ST-ZIP CHARLOTTE NC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE VD
NAME NORRIS, R.B.
STREET ADDRESS 2708 YORKMONT RD.
CITY-ST-ZIP CHARLOTTE NC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE PD
NAME BRADY, JON P.
STREET ADDRESS 2708 YORKMONT RD.
CITY-ST-ZIP CHARLOTTE NC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry E. Cooke

COO

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)