2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# P23114

Entity Name: BRADY DISTRIBUTING COMPANY

Current Principal Place of Business:

2708 YORKMONT RD.
P O BOX 19269
CHARLOTTE, NC 282196269 US

New Principal Place of Business:

Current Mailing Address:

2708 YORKMONT RD.
P O BOX 19269
CHARLOTTE, NC 282196269 US

New Mailing Address:

FEI Number: 56-0852468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKEN, CHARLES D
NATIONS BANK PROFESSIONAL CTR STE 360
8181 W. BROWARD BLVD.
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: PD ( ) Delete
Name: BRADY, JON P.,
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

Title: VP ( ) Delete
Name: SMILEY, JAMES G.,
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

Title: COO ( ) Delete
Name: COOKE, LARRY E.,
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

Title: VPSD ( ) Delete
Name: BRADY, JON W.
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

Title: VPTD ( ) Delete
Name: BRADY, CHRISTOPHER B
Address: 2708 YORKMONT RD
City-St-Zip: CHARLOTTE, NC 28208

Title: D ( ) Delete
Name: BRADY, GWENDOLYN H
Address: 2708 YORKMONT RD
City-St-Zip: CHARLOTTE, NC 28208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRADY, JON P
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

Title: VP (X) Change ( ) Addition
Name: SMILEY, JAMES G
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

Title: COO (X) Change ( ) Addition
Name: COOKE, LARRY E
Address: 2708 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28208

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: LAURIE DOBBS CONT 02/04/2005

Electronic Signature of Signing Officer or Director — Date