

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213552544
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1.) CORPORATION NAME: <b>BRADY WORLDWIDE, INC.</b>	DUE DATE: <b>1/31/2013</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b>	SCC ID NO: <b>F1096496</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td style="text-align: center;">5,000</td> </tr> <tr> <td>COMNV</td> <td style="text-align: center;">4,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMV	5,000	COMNV	4,000
CLASS	AUTHORIZED						
COMV	5,000						
COMNV	4,000						
4.) STATE OR COUNTRY OF INCORPORATION: <b>WI</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6555 West Good Hope Road

CITY/ST/ZIP: Milwaukee, WI 53223

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: Frank M. Jaehnert			
TITLE: President/CEO			
ADDRESS: 6555 West Good Hope Road			
CITY/ST/ZIP/CO: Milwaukee, WI 53223			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: Kathleen Johnson			
TITLE: VICE PRESIDENT			
ADDRESS: 6555 West Good Hope Road			
CITY/ST/ZIP/CO: Milwaukee, WI 53223			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: Krista J. Ebbens			
TITLE: SECRETARY			
ADDRESS: 6555 West Good Hope Road			
CITY/ST/ZIP/CO: Milwaukee, WI 53223			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: Aaron J. Pearce			
TITLE: TREASURER			
ADDRESS: 6555 West Good Hope Road			
CITY/ST/ZIP/CO: Milwaukee, WI 53223			

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: Thomas J. Felmer			
TITLE: DIRECTOR			
ADDRESS: 6555 West Good Hope Road			
CITY/ST/ZIP/CO: Milwaukee, WI 53223			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Aaron J.Pearce	Aaron J.Pearce,	12/22/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.