

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 431404

1. Entity Name
DRAPER AND KRAMER OF FLORIDA, INC.



Principal Place of Business
**33 WEST MONROE STREET
19TH FL
CHICAGO, IL 60603**

Mailing Address
**33 WEST MONROE STREET
19TH FL
CHICAGO, IL 60603**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2775916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, FORREST D 33 W MONROE ST., 19TH FL. CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FORD, FREDERICK C 33 W MONROE ST CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADSEN, LORRAINE N 33 W MONROE ST CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAMER, ANTHONY F 33 W MONROE ST CHICAGO, FL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTELA, CARMEN T 33 W MONROE ST CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000136865
04/29/04-80019-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine N. Madsen* **Lorraine N. Madsen April 27, 2004 312-795-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #