

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 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**



04122005 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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

U00000325006  
04/22/05-80116-014 150.00

**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)(f), 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 21, 2005 312-795-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #