

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 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**

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-P CR2E034 (11/05)

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, 2007 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

U000000739798  
05/14/07-80041-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 26, 2007 312-795-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #