

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830564

1. Entity Name

D & K AGENCY CORPORATION

Principal Place of Business

33 West Monroe Street
Chicago, IL 60603-5302

Mailing Address

33 West Monroe Street
Chicago, IL 60603-5302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

33 W. Monroe St.

Suite, Apt. #, etc.

19th Fl. - L. Madsen

City & State

Chicago, IL

Zip
60603

Country
USA

4. FEI Number

36-2696370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

950298

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	Kramer, Anthony F.	
STREET ADDRESS	33 W. Monroe St.	
CITY-ST-ZIP	Chic, ILL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	Estela, Carmen	
STREET ADDRESS	33 W. Monroe St.	
CITY-ST-ZIP	Chicago, IL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	Kramer, Douglas	
STREET ADDRESS	33 W. Monroe St.	
CITY-ST-ZIP	Chic, IL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	Madsen, Lorraine N.	
STREET ADDRESS	33 W. Monroe St., 19th Fl.	
CITY-ST-ZIP	Chicago, IL 60603	
TITLE	V	<input type="checkbox"/> Delete
NAME	Bailey, Forrest D.	
STREET ADDRESS	33 W. Monroe St., 19th Fl.	
CITY-ST-ZIP	Chicago, IL 60603	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	Ford, Frederick C.	
STREET ADDRESS	33 W. Monroe St.	
CITY-ST-ZIP	Chic, ILL 00000	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60603
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60603
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60603
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60603

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine N. Madsen*

Lorraine N. Madsen

4/27/00

312-795-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)