


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90235 004 \*\*\*150.00

|   |                           |  |   |  |  |
|---|---------------------------|--|---|--|--|
| <b>DOCUMENT # 830564</b><br>1. Entity Name<br><b>D &amp; K AGENCY CORPORATION</b>   |                           |  |   |   |  |
| Principal Place of Business<br><b>33 WEST MONROE STREET<br/>CHICAGO, IL 60603-5302</b>  |                           |  | Mailing Address<br><b>33 WEST MONROE STREET<br/>19TH FL.- L. MADSEN<br/>CHICAGO, IL 60603-5302</b>                        |  |  |
| 2. Principal Place of Business  |                           | 3. Mailing Address                         |   |  |  |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.                        |   |  |  |
| City & State  |                           | City & State                               |   |  |  |
| Zip   |                           | Country                                    |   | Zip  |  |
| Country   |                           | Country                                    |   | Country  |  |
| 6. Name and Address of Current Registered Agent   |                           |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |                           |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____  |                           |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                           |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | VD                        | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>KRAMER, ANTHONY F.</b> |  | NAME  |  |  |
| STREET ADDRESS  | <b>33 W MONROE ST</b>     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>CHICAGO, IL 60603</b>  |  | CITY-ST-ZIP   |  |  |
| TITLE   | V                         | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>ESTELA, CARMEN</b>     |  | NAME  |  |  |
| STREET ADDRESS  | <b>33 W MONROE ST</b>     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>CHICAGO, IL 60603</b>  |  | CITY-ST-ZIP   |  |  |
| TITLE   | VCD                       | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | <b>KRAMER, DOUGLAS</b>    |  | NAME  | <b>Sandra A. McClive</b>   |  |
| STREET ADDRESS  | <b>33 W MONROE ST</b>     |  | STREET ADDRESS  | <b>33 W. Monroe St., 19th Fl.</b>  |  |
| CITY-ST-ZIP   | <b>CHICAGO, IL 60603</b>  |  | CITY-ST-ZIP   | <b>Chicago, IL-60603</b>   |  |
| TITLE   | S                         | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>MADSEN, LORRAINE N</b> |  | NAME  |  |  |
| STREET ADDRESS  | <b>33 W MONROE ST</b>     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>CHICAGO, IL 60603</b>  |  | CITY-ST-ZIP   |  |  |
| TITLE   | V                         | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>BAILEY, FORREST D</b>  |  | NAME  |  |  |
| STREET ADDRESS  | <b>33 W MONROE ST</b>     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>CHICAGO, IL 60603</b>  |  | CITY-ST-ZIP   |  |  |
| TITLE   | VTD                       | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>FORD, FREDERICK C</b>  |  | NAME  |  |  |
| STREET ADDRESS  | <b>33 W MONROE ST</b>     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>CHICAGO, IL 60603</b>  |  | CITY-ST-ZIP   |  |  |
| 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. |                           |  |   |  |  |
| <b>SIGNATURE:</b> <i>Lorraine N. Madsen</i>   |                           |  | <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>   |  |  |
| <b>Lorraine N. Madsen</b>   |                           |  | <b>4-27-04</b>  |  |  |
| <b>312-795-2220</b>   |                           |  | <b>Date</b>   |  |  |
| <b>Daytime Phone #</b>  |                           |  | <b>Daytime Phone #</b>  |  |  |