

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 013 ***150.00

DOCUMENT # 855609

1. Entity Name

DRAPER AND KRAMER, INCORPORATED

Principal Place of Business

**33 West Monroe St.
 Chicago, IL 60603**

Mailing Address

**33 West Monroe St.
 Chicago, IL 60603**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

33 W. Monroe St.

Suite, Apt. #, etc.

19th Fl., Attn: L. Madsen

City & State

Chicago, IL

Zip

60603

Country

USA

4. FEI Number

36-1008670

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

C0060338

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, 2001 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 **CE** ☒ Delete
 NAME **Kramer, Ferd (Chmn.)**
 STREET ADDRESS **1115 S. Plymouth Ct., #511**
 CITY-ST-ZIP **Chicago, IL**

TITLE **C** ☐ Delete
 NAME **Kramer, Douglas**
 STREET ADDRESS **1011 Mt. Pleasant**
 CITY-ST-ZIP **Winnetka, IL 60093**

TITLE **VD** ☐ Delete
 NAME **Ford, Frederick C.**
 STREET ADDRESS **1143 S. Plymouth Ct. #410**
 CITY-ST-ZIP **Chicago, IL 60605**

TITLE **S** ☐ Delete
 NAME **Lorraine N. Madsen**
 STREET ADDRESS **7795 Bristol Park Dr.**
 CITY-ST-ZIP **Tinley Park, IL 60477**

TITLE **VD** ☐ Delete
 NAME **Kramer, Anthony F.**
 STREET ADDRESS **411 Westminster**
 CITY-ST-ZIP **Burr Ridge, IL 60521**

TITLE **PD** ☐ Delete
 NAME **BAILEY, Forrest D.**
 STREET ADDRESS **500 Maple Avenue**
 CITY-ST-ZIP **Wilmette, IL 60091**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Lorraine N. Madsen**
 STREET ADDRESS **7795 Bristol Park Dr.**
 CITY-ST-ZIP **Tinley Park, IL 60477**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine N. Madsen

4/24/01

Date

312-795-2220

Daytime Phone #

CR2E034 (11/00)