


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90235 005 \*\*\*150.00

<b>DOCUMENT # 855609</b> 1. Entity Name <b>DRAPER AND KRAMER, INCORPORATED</b>					
Principal Place of Business <b>33 WEST MONROE ST. CHICAGO, IL 60603</b>			Mailing Address <b>33 W MONROE ST 19TH FL, ATTN: L. MADSEN CHICAGO, IL 60603</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-1008670</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C KRAMER, DOUGLAS 1011 MT. PLEASANT WINNETKA, IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 W. Monroe St., 19th Fl. Chicago, IL 60603</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FORD, FREDERICK C. 1143 S. PLYMOUTH CT.#410 CHICAGO, IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 W. Monroe St., 19th Fl. Chicago, IL 60603</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MADSEN, LORRAINE N 7795 BRISTOL PARK DRIVE TINLEY PARK, IL 60477</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 W. Monroe St., 19th Fl. Chicago, IL 60603</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KRAMER, ANTHONY F. 411 WESTMINSTER BURR RIDGE, IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 W. Monroe St., 19th Fl. Chicago, IL 60603</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAILEY, FORREST D 14 ROBIN CREST RD HAWTHORNE WOODS, IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 W. Monroe St., 19th Fl. Chicago, IL 60603</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>Lorraine N. Madsen</i>		Lorraine N. Madsen		4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

14011046



04142004 Chg-P CR2E034 (10/03)