

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 855609

1. Entity Name
DRAPER AND KRAMER, INCORPORATED



Principal Place of Business
**33 WEST MONROE ST.
CHICAGO, IL 60603**

Mailing Address
**33 W MONROE ST
19TH FL, ATTN: L. MADSEN
CHICAGO, IL 60603**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-1008670

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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KRAMER, DOUGLAS 33 W. MONROE ST., 19TH FLO CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORD, FREDERICK C. 33 W. MONROE ST., 19TH FL CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MADSEN, LORRAINE N 33 W. MONROE ST., 19TH FLOOR CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KRAMER, ANTHONY F. 33 W. MONROE ST., 19TH FLOOR CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAILEY, FORREST D 33 W. MONROE ST., 19TH FLOOR CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000325008
04/22/05-80116-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Lorraine N. Madsen **Lorraine N. Madsen** 4/21/05 312-795-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #