

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 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**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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05/14/07-80041-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-26-07 312-795-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #