

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90253 011 ***150.00

0651421 AT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1008670**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | KRAMER, DOUGLAS | |
| STREET ADDRESS | 1011 MT. PLEASANT | |
| CITY-ST-ZIP | WINNETKA IL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FORD, FREDERICK C. | |
| STREET ADDRESS | 1143 S. PLYMOUTH CT.#410 | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MADSEN, LORRAINE N | |
| STREET ADDRESS | 7795 BRISTOL PARK DRIVE | |
| CITY-ST-ZIP | TINLEY PARK IL 60477 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KRAMER, ANTHONY F. | |
| STREET ADDRESS | 411 WESTMINSTER | |
| CITY-ST-ZIP | BURR RIDGE IL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BAILEY, FORREST D | |
| STREET ADDRESS | 14 ROBIN CREST RD | |
| CITY-ST-ZIP | HAWTHORNE WOODS IL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE *Lorraine N. Madsen* **SIGNATURE REQUIRED** **Lorraine N. Madsen** **4/23/03** **312-795-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)