

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33691**

1. Entity Name  
**THE CRAMER-KRASSELT CO.**



Principal Place of Business  
**225 E ROBINSON ST  
STE 570  
ORLANDO, FL 32801-4322 US**

Mailing Address  
**225 E ROBINSON ST  
STE 570  
ORLANDO, FL 32801-4322 US**



**DO NOT WRITE IN THIS SPACE**

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**39-0227400**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOUCH, JOSEPH  
225 E ROBINSON ST  
STE 570  
ORLANDO, FL 32801**

**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, 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  
**D  
MAY, PHILIP R  
225 N MICHIGAN AVE  
CHICAGO, IL 60601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
KRIVKOVICH, PETER  
225 N. MICHIGAN AVE, 24FL  
CHICAGO, IL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
CASEY NEIL P  
733 N VAN BUREN ST  
MILWAUKEE, WI**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
BRADLEY, ROBERT J.  
733 N. VAN BUREN ST.  
MILWAUKEE, WI**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

04/28/05-80014-007 150.00

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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: **RJ Bradley Robert J. Bradley** 4-25-05 414-227-3568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #