2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P33691

Entity Name: THE CRAMER-KRASSELT CO.

Current Principal Place of Business:

255 EAST DRIVE
SUITE H
MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

255 EAST DRIVE
SUITE H
MELBOURNE, FL 32904 US

New Mailing Address:

BUSINESS CLOSED MARCH 31, 2009
FINAL REPORT
MELBOURNE, FL 32904 US

FEI Number: 39-0227400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYTER, SUSANA
255 EAST DRIVE
SUITE H
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VDTS ( ) Delete
Name: MCDONALD, WANDA
Address: 225 N. MICHIGAN AVENUE, 24FL
City-St-Zip: CHICAGO, IL 60601 US

Title: PD ( ) Delete
Name: KRIVKOVICH, PETER
Address: 225 N. MICHIGAN AVE,24FL
City-St-Zip: CHICAGO, IL US

Title: VD ( ) Delete
Name: SEAMAN, KAREN
Address: 225 N. MICHIGAN AVENUE, 24FL
City-St-Zip: CHICAGO, IL 60601 US

Title: VD ( ) Delete
Name: ROSS, MARSHALL
Address: 225 N. MICHIGAN AVENUE, 24FL
City-St-Zip: CHICAGO, IL 60601 US

Title: VD ( ) Delete
Name: MELAMED, JOHN
Address: 1850 N. CENTRAL AVENUE, SUITE 1800
City-St-Zip: PHOENIX, AZ 85004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA MCDONALD VDTS 04/29/2009

Electronic Signature of Signing Officer or Director Date