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May 05, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36809

1. Corporation Name

DRAPER AND KRAMER INVESTMENTS CORP.

Principal Place of Business

**33 WEST MONROE STREET
CHICAGO IL 60603**

Mailing Address

**33 WEST MONROE STREET
CHICAGO IL 60603**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

36-3801363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE

NAME **KRAMER, FERDINAND**
STREET ADDRESS **33 WEST MONROE ST.**
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ DELETE

NAME **FORD, FREDERICK C.**
STREET ADDRESS **33 WEST MONROE ST.**
CITY-ST-ZIP **CHICAGO IL**

TITLE **DP** ☒ DELETE

NAME **KRAMER, DOUGLAS**
STREET ADDRESS **33 WEST MONROE ST.**
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ DELETE

NAME **KRAMER, ANTHONY F.**
STREET ADDRESS **33 WEST MONROE ST.**
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ DELETE

NAME **SALTZMAN, LOUISE P.**
STREET ADDRESS **1525 E. 53RD STREET**
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ DELETE

NAME **BAILEY, BARBARA K.**
STREET ADDRESS **3737 GILLHAM ROAD**
CITY-ST-ZIP **KANSAS CITY MO**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

S

MADSEN, Lorraine N.
33 W. Monroe St., 19th Fl.
Chicago, IL 60603

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DP

BAILEY, Forrest D.
33 W. Monroe St., 19th Fl.
Chicago, IL 60603

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lorraine N. Madsen* **SIGNATURE REQUIRED** **Lorraine N. Madsen** 4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

312-795-2220

Daytime Phone #

CR2E034 (11/98)