


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P36809 1. Entity Name DRAPER AND KRAMER INVESTMENTS CORP.	
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Principal Place of Business 33 WEST MONROE STREET CHICAGO, IL 60603	Mailing Address 33 WEST MONROE STREET 19TH FLOOR, ATTN: L. MADSEN CHICAGO, IL 60603
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3801363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADSEN, LORRAINE N 33 W MONROE ST., 19TH FL CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, FREDERICK C. 33 WEST MONROE ST. CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAILEY, FORREST D 33 W MONROE ST, 19TH FL CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, ANTHONY F. 33 WEST MONROE ST. CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTZMAN, LOUISE P. 760 BRONSON HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BARBARA K. 3737 GILLHAM ROAD KANSAS CITY, MO 64111

000000325002
04/22/05-80116-013 150.00

**DO NOT WRITE
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)(f), 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: <i>Lorraine N. Madsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Lorraine N. Madsen <small>Date</small>	4-21-05 312-795-2220 <small>Daytime Phone #</small>
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