


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P36809</b> 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



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	MADSEN, LORRAINE N
STREET ADDRESS	33 W MONROE ST., 19TH FL
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	D
NAME	FORD, FREDERICK C.
STREET ADDRESS	33 WEST MONROE ST.
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	DP
NAME	BAILEY, FORREST D
STREET ADDRESS	33 W MONROE ST, 19TH FL
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	D
NAME	KRAMER, ANTHONY F.
STREET ADDRESS	33 WEST MONROE ST.
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	D
NAME	SALTZMAN, LOUISE P.
STREET ADDRESS	760 BRONSON
CITY-ST-ZIP	HIGHLAND PARK, IL 60035
TITLE	D
NAME	BAILEY, BARBARA K.
STREET ADDRESS	3737 GILLHAM ROAD
CITY-ST-ZIP	KANSAS CITY, MO 64111

1000000521253  
05/02/06-60128-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

Lorraine N. Madsen

4-19-06 312-795-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #