

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P36809

1. Entity Name
DRAPER AND KRAMER INVESTMENTS CORP.



Principal Place of Business
**33 WEST MONROE STREET
19TH FLOOR
CHICAGO, IL 60603**

Mailing Address
**33 WEST MONROE STREET
19TH FLOOR
CHICAGO, IL 60603**



04052007 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 ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007 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
**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**

U000000739796
05/14/07-80041-015 150.00

**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

4-26-07 312-795-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #