

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02621** (1)
1. Corporation Name
STEAK N SHAKE, INC.

Principal Place of Business 500 CENTURY BLDG 36 S. PENNSYLVANIA STREET INDIANAPOLIS IN 46204	Mailing Address 500 CENTURY BLDG 36 S. PENNSYLVANIA STREET INDIANAPOLIS IN 46204
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 35-1604308	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, E. W.	12 NAME	
STREET ADDRESS	131 WODEN WAY SE	13 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	14 CITY - ST - ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAMIAN, S. SUE	22 NAME	
STREET ADDRESS	36 S. PENNSYLVANIA #500	23 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	24 CITY - ST - ZIP	
TITLE	VT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAR, JAMES W.	32 NAME	
STREET ADDRESS	36 S. PENNSYLVANIA #500	33 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	34 CITY - ST - ZIP	
TITLE	DP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMAN, ALAN B.	42 NAME	
STREET ADDRESS	36 S. PENNSYLVANIA #500	43 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	44 CITY - ST - ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINWALD, GARY T.	52 NAME	
STREET ADDRESS	36 S. PENNSYLVANIA #500	53 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	54 CITY - ST - ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, GREGORY G.	62 NAME	
STREET ADDRESS	36 S. PENNSYLVANIA #500	63 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	64 CITY - ST - ZIP	

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.

SIGNATURE:

GREGORY G. FEHR

4/23/98 (37) 633 4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone 8001197

CR2E034 (1097)