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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004797 (7)

1. Corporation Name

THE CHEESECAKE FACTORY INCORPORATED



Principal Place of Business

26950 AGOURA RD
SUITE 101
CALABASA HILL CA 91301
US

Mailing Address

26950 AGOURA RD
SUITE 101
CALABASAS HILLS CA 91301-3335
US

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

51-0340466

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 PDC ☐ DELETE
NAME OVERTON, DAVID
STREET ADDRESS 26950 AGOURA RD
CITY-ST-ZIP CALABASAS CA

TITLE VTD ☐ DELETE
NAME DEITCHLE, GERALD W
STREET ADDRESS 26950 AGOURA RD
CITY-ST-ZIP CALABASAS CA

TITLE SDV ☒ DELETE
NAME OVERTON, EVELYN
STREET ADDRESS 26950 AGOURA RD
CITY-ST-ZIP CALABASAS CA

TITLE D ☐ DELETE
NAME WHITE, WAYNE
STREET ADDRESS 26950 AGOURA RD
CITY-ST-ZIP CALABAGA CA

TITLE D ☐ DELETE
NAME GREGORY, THOMAS L
STREET ADDRESS 26950 AGOURA RD
CITY-ST-ZIP CALABASAS CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SV ☐ Change ☒ Addition
1.2 NAME LINDA CANDIOTY
1.3 STREET ADDRESS 26950 AGOURA RD
1.4 CITY-ST-ZIP CALABASAS, CA 91301

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 818-800-9323
Date Daytime Phone

CR2E034 (9/96)