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

Mailing Address

26950 AGOURA RD

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

26950 AGOURA RD



FLORIDA DEPARTMENT OF STATE

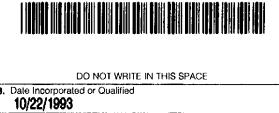
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004797 (7)

THE CHEESECAKE FACTORY INCORPORATED

FILED May 04 1998 8:00am Secretary of State



SUITE 101 CALABASA	HILL CA 91301	SUITE 101 CALABASAS HILLS CA 9	1301		DO NOT WRITE IN THIS	SPACE
US		US		•	3. Date Incorporated or Qualified 10/22/1993	-
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			51-0340466	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Z ip	Country	Zφ	Country	/	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cur				10. Name and Address of New Registered	Agent
	ORPORATION SERVICE COMP	ANY	81	Name		
	201 HAYS ST.		82	Street	Address (P.O. Box Number is Not Acceptable)	
T/	ALLAHASSEE FL 32301				,	
İ			83			
			84	City		85 Zip Code
			"	0,	FL	. 21p Odde
office or	It to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob-	ate of Horida. Such change was a	authorized b	vithe cori	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appropriate the purpose of the pur	of changing its registered pointment as registered
SIGNATURE						
	Signature, typed or ponted name of regulatored			ent signal.re	e required when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PDC OVERTON DAVID	☐ DEL ete	1.1 TITLE		000	Change Addition
NAME	OVERTON, DAVID		1.2 NAME		Mankunst michael	
STREET ADDRESS			1.3 STREET	ADDRESS	26950 Agoma Mil	
CITY-ST-ZIP	CALABASAS CA		1.4 CITY - S	11 - ZIP	Chalpron Hills. C 91301	- A
TITLE	PETTOULE OFFINID W	☐ DELETE	2.1 TITLE		Divertor	Change Addition
NAME	DEITCHLE, GERALD W		2.2 NAME		Kronsdorff, gerome	•
STREET ADDRESS			2.3 STREET	ADDRESS	Hers Ayour La	
CITY-ST-ZIP	CALABASAS CA		2. 4 CITY-	ST-ZIP	CiOutano Halls a 91301	
TITLE	8V	☐ DELETE	3.1 TITLE			Change Addition
NAME	CANDIOTY, LINDA		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS	,	
CITY-ST-ZIP	CALABASAS CA		3,4. CITY-	ST - 7IP		
TITLE	D MAINTE MANAGE	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	WHITE, WAYNE		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	CALABAGA CA		4.4 CHY- S	SI - ZIP		
TITLE	ODECODY THOMAS I	☐ DELETE	5.1 TITLE			Change Addition
NAME	GREGORY, THOMAS L		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	CALABASAS CA		5.4 CiTY- S	ST - ZIP		
TITLE	•	☐ DELETE	6.1 TITLE			Change Addition
NAME		•	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY OF TID	1 .		C 4 OITY C	7.70		

14. Thereby 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 of 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 of 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 for on an other contents with an address.