FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005648 (1)

1. Corporation Name

HARMAN-NICKOLAS RESTAURANT GROUP, INC.

Principal Place of Business	Mailing Address
300 ALTON ROAD MIAMI BEACH FL 33139	ONE FIRST NATIONAL PLAZA CHICAGO IL 60603 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 04/19/1994
4. FEI Number: 36-3527818 — 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. 199.023, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NICKOLAS, NICHOLAS S
300 ALTON ROAD
MIAMI BEACH FL 33139

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 617.0502, 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 Chapter 607 or 617, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICKOLAS, NICHOLAS S
STREET ADDRESS	6851 OLD CLINT MOORE ROAD
CITY, ST, ZIP	BOCA RATON FL 33496
TITLE	C
NAME	HARMAN, GERALD
STREET ADDRESS	77430 IROQUOIS
CITY, ST, ZIP	INDIAN WELLS CA 92210
TITLE	DV
NAME	KARPF, STEVEN E
STREET ADDRESS	735 SMOKE TREE ROAD
CITY, ST, ZIP	DEERFIELD IL 60015
TITLE	DV
NAME	PLACOURAKIS, AARON
STREET ADDRESS	150 KAILUANA PLACE
CITY, ST, ZIP	KAILUA HI 96734
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (×6)

14. I the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven E. Karpf, Managing Partner 4.27.95 (312) 621 0210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466007 FP