

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002296

1. Entity Name
MORTON'S OF CHICAGO/ORLANDO, INC.



Principal Place of Business
**DR. PHILLIPS MKT. PLACE
7600 DR. PHILLIPS BLVD.
ORLANDO, FL 32819 US**

Mailing Address
**350 WEST HUBBARD STREET
SUITE 610
CHICAGO, IL 60610 US**

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-1838091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	BALDWIN, THOMAS J
STREET ADDRESS	3333 NE WHYDE PARK RD., STE 210
CITY-STATE-ZIP	NEW HYDE PARK, NY
TITLE	PD
NAME	BETTIN, JOHN T
STREET ADDRESS	350 HUBBARD ST
CITY-STATE-ZIP	CHICAGO, IL 60610
TITLE	AS
NAME	WAGNER, E. NICHOLAS
STREET ADDRESS	350 W HUBBARD # 610
CITY-STATE-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/25/05-60187-013 150.00

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12. 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 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: Assistant Secretary 4/21/05 312-923-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #