2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # F-9700001822 Morton's of Chicago/North Miami, Inc 03-22-2000 90032 044 ***150.00 Principal Place of Business 350 W. Hubbard Suite 610 17399 Biscayne Blud. N. Miami, FL 33160 Chicago, IL 60610 C0042107 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-<u>0748320</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VSTD TITLE ☐ Delete ☐ Change NAME NAME Thomas J. Baldwin STREET ADDRESS STREET ADDRESS 3333 New Hyde Park Rd., Sute 210 New Hyde Park, NY 11042 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change NAME John T. Bettin 350 W. Hubbard, Suite 610 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hicago, IL 60610 TITLE ☐ Delete TITLE (Assistant Secretary) - Change 350 W. Hubbard, Suit NAME NAME STREET ADDRESS STREET ADDRESS Suite 610 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP INLE ☐ Delete ☐ Addition NAME : animpeçç STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

..... ADDRESS

- GNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR