


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001822 1. Entity Name MORTON'S OF CHICAGO/NORTH MIAMI BEACH, INC.	
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Principal Place of Business 17399 BISCAYNE BLVD CHICAGO, IL 60610	Mailing Address 350 WEST HUBBARD STREET STE 610 CHICAGO, IL 60610
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000144561 04/30/04-80137-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BALDWIN, THOMAS J 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETTIN, JOHN T 350 W HUBBARD ST CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WAGNER, E. NICHOLAS 350 W. HUBBARD STE 610 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: E. Nicholas Wagner **4-29-04** **312-923-0030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #