


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F98000004304	
1. Entity Name MORTON'S OF CHICAGO/BOCA RATON, INC.	

Principal Place of Business 5050 TOWN CENTER CIRCLE STE 219 BOCA RATON, FL 33486	Mailing Address 350 WEST HUBBARD STREET CHICAGO, IL 60610
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2434296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 000000144563
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
04/30/04-80137-011 150.00	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BALDWIN, THOMAS J 3333 NEW HYDE PARK ROAD, SUITE 210 NE HYDE PARK, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETTIN, JOHN T 350 WHUBBARD ST CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WAGNER, E. NICHOLAS 350 WHUBBARD ST CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 otherlike empowered.	
SIGNATURE: <u>E. Nicholas Wagner</u>	Date: <u>4-29-04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #: <u>312-923-0030</u>	