

2001 UNIFORM BUSINESS REPORT (UBR)

(Amended)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 14 AM 11:54

DOCUMENT # F99000006497
1. Entity Name
Chart House Acquisition, Inc.

Principal Place of Business
Mailing Address

2. Principal Place of Business
640 N. LaSalle St.
Suite, Apt. #, etc.
Suite 295
City & State
Chicago, IL

3. Mailing Address
640 N. LaSalle St.
Suite, Apt. #, etc.
Suite 295
City & State
Chicago, IL

DO NOT WRITE IN THIS SPACE

4. FEI Number
364279234

Applied For
Not Applicable

Zip
60610
Country
USA

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

6. Name and Address of Current Registered Agent
Lexis Document Services Inc.
3953 W. W. Kelley Road
Tallahassee, FL 32311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Mondrowski, Laura	
STREET ADDRESS	640 N. LaSalle St., Suite 295	
CITY-ST-ZIP	Chicago, IL 60610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walters, Thomas J.	
STREET ADDRESS	640 N. LaSalle St., Suite 295	
CITY-ST-ZIP	Chicago, IL 60610	
TITLE	P, S, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Posner, Kenneth R.	
STREET ADDRESS	640 N. LaSalle St., Suite 295	
CITY-ST-ZIP	Chicago, IL 60610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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[Handwritten Signature]

13. 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.

SIGNATURE: *Kenneth R. Posner*, PRES./CFO/SECY 6-4-01 312-266-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)