

2001 UNIFORM BUSINESS REPORT (UBR)

(Amended)

DOCUMENT # F99000006497

1. Entity Name

Chart House Acquisition, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

640 N. LaSalle St.

3. Mailing Address

640 N. LaSalle St.

Suite, Apt. #, etc.

Suite 295

Suite, Apt. #, etc.

Suite 295

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60610

Country

USA

Zip

60610

Country

USA

4. FEI Number

364279234

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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
NAME Mondrowski, Laura
STREET ADDRESS 640 N. LaSalle St., Suite 295
CITY-ST-ZIP Chicago, IL 60610 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, CEO
NAME Walters, Thomas J.
STREET ADDRESS 640 N. LaSalle St., Suite 295
CITY-ST-ZIP Chicago, IL 60610 ☒ Change ☐ Addition

TITLE P, S, CFO
NAME Posner, Kenneth R.
STREET ADDRESS 640 N. LaSalle St., Suite 295
CITY-ST-ZIP Chicago, IL 60610 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-4-01 312-266-1100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 14 AM 11:54

DO NOT WRITE IN THIS SPACE

CR2ED34 (11/00)