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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53825

(1)

1. Corporation Name

RUTH'S CHRIS STEAKHOUSE #6, INC.

Principal Place of Business

2525 NORTH FEDERAL HWY.
FT. LAUDERDALE FL 33305

Mailing Address

2525 NORTH FEDERAL HWY.
FT. LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1988

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0089253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

City & State

27. City & State

27

City & State

24. Zip

24

Country

25. Country

25

28. Zip

28

Country

30. Country

30

9. Name and Address of Current Registered Agent

STYLES, MICHAEL
1515 SE 4TH AVE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY
NAME	FERTEL, RUTH U.
STREET ADDRESS	711 N. BROAD ST.
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	VP Asst Director
NAME	DELL, MONIQUE
STREET ADDRESS	2525 N FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP Vice Chairman
NAME	GIARDIAN, RALPH
STREET ADDRESS	711 N. BROAD STREET
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	VP
NAME	EARLES, DAN
STREET ADDRESS	711 N. BROAD
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	AS
NAME	BRINKERHOFF, BECKI
STREET ADDRESS	711 N. BROAD
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	☒ Change	☐ Addition
1.2 NAME	Ruth Fertel		
1.3 STREET ADDRESS	711 N Broad		
1.4 CITY-ST-ZIP	New Orleans, LA		
2.1 TITLE	VP	☐ Change	☒ Addition
2.2 NAME	Joni Cather		
2.3 STREET ADDRESS	6601 Wuerpel		
2.4 CITY-ST-ZIP	New Orleans, LA		
3.1 TITLE	P	☐ Change	☒ Addition
3.2 NAME	Thomas Cangen		
3.3 STREET ADDRESS	3321 Hessner		
3.4 CITY-ST-ZIP	Metairie, LA		
4.1 TITLE	Director	☐ Change	☒ Addition
4.2 NAME	Philip Brooks		
4.3 STREET ADDRESS	3321 Hessner		
4.4 CITY-ST-ZIP	Metairie, LA		
5.1 TITLE	AS	☒ Change	☐ Addition
5.2 NAME	Becki Brinkerhoff		
5.3 STREET ADDRESS	3321 Hessner		
5.4 CITY-ST-ZIP	Metairie, LA		
6.1 TITLE	Director	☐ Change	☒ Addition
6.2 NAME	James Ryder		
6.3 STREET ADDRESS	3321 Hessner		
6.4 CITY-ST-ZIP	Metairie, LA		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Becki Brinkerhoff AS

1-11-95

5044546560

(Date)

(Signature Number)