FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:23

DOCUMENT # K53827 (7)

1. Corporation Name
RUTH'S CHRIS STEAKHOUSE #7, INC.

Principal Place of Business	Mailing Address
661 U.S. HWY. ONE NORTH PALM BEACH FL 33408	661 U.S. HWY. ONE NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1988
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0089244 ☐ 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

9. Name and Address of Current Registered Agent

STYLES, MICHAEL J. (ESQ.)
1515 S.E. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	~~CEO~~ C,S	1.1 TITLE	P	☐ Change ☑ Addition
NAME	FERKEL, RUTH U	1.2 NAME	Tom Congemi	
STREET ADDRESS	3321 HESSNER	1.3 STREET ADDRESS	3321 Hessner	
CITY-ST-ZIP	MELAIRE LA	1.4 CITY-ST-ZIP	Metairie, LA	
TITLE	~~AVP~~ AD	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	LAX, DAVID	2.2 NAME	Joni Cather	
STREET ADDRESS	661 U S HWY ONE	2.3 STREET ADDRESS	3321 Hessner	
CITY-ST-ZIP	NO PALM BCH FL	2.4 CITY-ST-ZIP	Metairie, LA	
TITLE	~~P VC~~	3.1 TITLE	D	☐ Change ☑ Addition
NAME	GIARDINA, RALPH	3.2 NAME	Jim Ryder	
STREET ADDRESS	3321 HESSNER	3.3 STREET ADDRESS	3321 Hessner	
CITY-ST-ZIP	MELAIRIE LA	3.4 CITY-ST-ZIP	Metairie, LA	
TITLE	~~VP~~	4.1 TITLE		☐ Change ☑ Addition
NAME	~~EARLES, DAN~~	4.2 NAME	Phil Brooks	
STREET ADDRESS	~~3321 HESSNER~~	4.3 STREET ADDRESS	3321 Hessner	
CITY-ST-ZIP	~~MELAIRE LA~~	4.4 CITY-ST-ZIP	Metairie, LA	
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	BRINKERHOFF, BECKI	5.2 NAME		
STREET ADDRESS	3321 HESSNER	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELAIRE LA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I/We 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Becki Brinkerhoff Becki Brinkerhoff 1/19/95 (504)454-6560
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0435878 FP