FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K53827** **(7)**

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

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

Mailing Address
661 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

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

3. Date Incorporated or Qualified: **12/27/1988**
3a. Date of Last Report: **01/26/1995**
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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required if a new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	S ☐ Change ☑ Addition
NAME	CAGEMI, TOM	1.2 NAME	Ruth Fertel
STREET ADDRESS	3321 HESSMER	1.3 STREET ADDRESS	711 N Broad
CITY-ST-ZIP	MATAIRE LA	1.4 CITY-ST-ZIP	New Orleans, LA 70119
TITLE	~~VP~~ T ☐ DELETE	2.1 TITLE	VP ☐ Change ☑ Addition
NAME	CATHER, JONI	2.2 NAME	Gary Wollerman
STREET ADDRESS	3321 HESSMER	2.3 STREET ADDRESS	4039 Vendome
CITY-ST-ZIP	MATAIRE LA	2.4 CITY-ST-ZIP	New Orleans, LA 70125
TITLE	D ☐ DELETE	3.1 TITLE	D ☐ Change ☑ Addition
NAME	RYDER, JIM	3.2 NAME	Robert Merrick
STREET ADDRESS	3321 HESSMER	3.3 STREET ADDRESS	800 Common, Ste 1000
CITY-ST-ZIP	METAIRE LA	3.4 CITY-ST-ZIP	New Orleans, LA 70112
TITLE	D ☐ DELETE	4.1 TITLE	AD ☐ Change ☑ Addition
NAME	BROOKS, PHIL	4.2 NAME	Robin Vela
STREET ADDRESS	3321 HESSMER	4.3 STREET ADDRESS	661 US Hwy One
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	N Palm Beach, FL 33408
TITLE	AS ☐ DELETE	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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (504)4546560
DATE Daytime Phone #