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

APPROVED AND FILED

'95 APR 20 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K84192 (9)

1. Corporation Name

RUTH'S CHRIS STEAKHOUSE #9, INC.

Principal Place of Business
3913 N E 163RD STREET
N MIAMI BEACH FL 33160

Mailing Address
3913 N E 163RD STREET
N MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2958929 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

STYLES, MICHAEL J., ESQ.
1515 S.E. 4TH AVENUE
FT LAUDEDALE 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CEO~~ Chairman, Secretary	1.1 TITLE	V Chairman	☐ Change ☑ Addition
NAME	FERTEL, RUTH U.	1.2 NAME	Ralph Giardino	
STREET ADDRESS	3321 HESSMER	1.3 STREET ADDRESS	3321 Hessmer	
CITY-ST-ZIP	METAIRIE LA	1.4 CITY-ST-ZIP	Metairie, LA	
TITLE	~~AVP~~ A Director	2.1 TITLE	President	☐ Change ☑ Addition
NAME	BOULMEY, BRETT	2.2 NAME	Tom Cangemi	
STREET ADDRESS	3913 NE 163RD ST	2.3 STREET ADDRESS	3321 Hessmer	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	Metairie, LA	
TITLE	~~P~~	3.1 TITLE	VP	☐ Change ☑ Addition
NAME	~~HIGGINS, RALPH~~	3.2 NAME	Joni Cather	
STREET ADDRESS	~~3321 HESSMER~~	3.3 STREET ADDRESS	3321 Hessmer	
CITY-ST-ZIP	~~METAIRIE LA~~	3.4 CITY-ST-ZIP	Metairie, LA	
TITLE	~~VP~~	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~EARLES, DON~~	4.2 NAME	Phil Brooks	
STREET ADDRESS	~~3321 HESSMER~~	4.3 STREET ADDRESS	3321 Hessmer	
CITY-ST-ZIP	~~METAIRIE LA~~	4.4 CITY-ST-ZIP	Metairie, LA	
TITLE	AS	5.1 TITLE	D	☐ Change ☑ Addition
NAME	BRINKERHOFF, BECKI	5.2 NAME	Jim Ryder	
STREET ADDRESS	3321 HESSMER	5.3 STREET ADDRESS	3321 Hessmer	
CITY-ST-ZIP	METAIRIE LA	5.4 CITY-ST-ZIP	Metairie, LA	
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 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 Becki Brinkerhoff 1/16/95 (504) 454-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0172304 CP