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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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DOCUMENT # P02621

1. Entity Name
STEAK N SHAKE OPERATIONS, INC.

Principal Place of Business	Mailing Address
500 CENTURY BLDG 36 S. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	500 CENTURY BLDG 36 S. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1604308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	DUNN, PETER M
STREET ADDRESS	36 S PENNSYLVANIA # 500
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	SVCF
NAME	BLADE, JEFFREY A
STREET ADDRESS	36 S. PENNSYLVANIA #500
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	ASGC
NAME	MILNE, DAVID C
STREET ADDRESS	36 S. PENNSYLVANIA #500
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	DC
NAME	GILMAN, ALAN B
STREET ADDRESS	36 S. PENNSYLVANIA #500
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	SV
NAME	REINWALD, GARY T
STREET ADDRESS	36 S. PENNSYLVANIA #500
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	V
NAME	HART, WILLIAM
STREET ADDRESS	36 S. PENNSYLVANIA #500
CITY-ST-ZIP	INDIANAPOLIS, IN 46204

U00000298012
04/11/05-80043-021 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Controller 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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