

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1576843

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02621 1. Entity Name STEAK N SHAKE OPERATIONS, INC.	
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Principal Place of Business 500 CENTURY BLDG 36 S. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	Mailing Address 500 CENTURY BLDG 36 S. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204
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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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

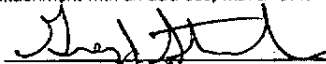
9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

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

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04/11/05-80043-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

4427