2000 UNIFORM BUSINESS REPORT (UBR)



P15490 **DOCUMENT#** FILED 1. Entity Name CHART HOUSE, INC. 00 JUN 14 PM 1:42 SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 640 N. LASALLE ST., STE. 295 SAME CHICAGO, ILLINOIS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEXIS DOCUMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. KELLEY RD. TALLAHASSEE, FL. 32311 Zip Code 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. 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 9:=This corporation is eligible to satisfy its:Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Change ☐ Delete TITLE PRESIDENT/CEO THOMAS J. WALTERS NAME NAME 640 N. LASALLE ST., STE. 295 STREET ADDRESS STREET ADDRESS CHICAGO, ILLINOIS 60610 CITY-ST-ZIP CITY-ST-ZIP SECRETARY Change ☐ Addition SECRETARY TITLE X Delete TITLE NAME NAME LAURA MONDROWSKI SUSAN OBUCHOWSKI STREET ADDRESS 640 N. LASALLE ST., STE. 295 STREET ADDRESS 2 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CITY-ST-ZIF CHICAGO, ILLINOIS 60610 CHICAGO, ILLINOIS 60606 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME 800003288838 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Laura Mondrowski, Secretary URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00

(312) 266-1100

Daytime Phone #

ACCOUNT FILING COVER SHEET



ACCOUNT NUMBER: .F.	CA000000005	
REFERENCE: (Sub Account)	20 22 595-1	
DATE:	6-14	
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11 11		RECEIVED 00 JUN 14 AM 11: 50 DEPARTMENT OF STATE ON OF CORPORATION TALLAHASSEE, FLORIDA