2001 UNIFORM BUSINESS REPORT (UBR)

(Amended)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 14 AM 11:55

DOCUMENT # P15490

1. Entity Name
Chart House, Inc.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
640 N. LaSalle St.	640 N. LaSalle St.
Suite, Apt. #, etc. Suite 295	Suite, Apt. #, etc. Suite 295
City & State Chicago, IL	City & State Chicago, IL
Zip 60610 Country USA	Zip 60610 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 411526813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Lexis Document Services Inc. 3953 W. W. Kelley Road Tallahassee, FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Mondrowski, Laura 640 N. LaSalle St., Suite 295 Chicago, IL 60610 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,CEO Walters, Thomas J. 640 N. LaSalle St., Suite 295 Chicago, IL 60610 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S,CFO Posner, Kenneth R. 640 N. LaSalle St., Suite 295 Chicago, IL 60610 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004538759--5 -08/16/01--01073--011 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8/14
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: Kenneth Posner, Pres/CFO/Sec'y 6-4-01 312-266-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #