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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000059646

1. Corporation Name
RUTH'S CHRIS STEAK HOUSE #29, INC.

Principal Place of Business	Mailing Address
3321 HESSMER AVE METAIRIE LA 70002	3321 HESSMER AVE METAIRIE LA 70002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1998

2. Principal Place of Business (21): 6700 S. TAMIAMI
Suite, Apt. #, etc. (22):
City & State (23): SARASOTA FL
Zip (24): 34240 Country (25): US

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 72-142149 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERTEL, RUTH U		1.2 NAME		
STREET ADDRESS	3321 HESSMER AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, PHILIIP S		2.2 NAME		
STREET ADDRESS	3321 HESSMER AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RYDER, JAMES E		3.2 NAME		
STREET ADDRESS	3321 HESSMER AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MERRICK, ROBERT W		4.2 NAME		
STREET ADDRESS	3321 HESSMER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMMER, RICHARD M		5.2 NAME		
STREET ADDRESS	3321 HESSMER AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REILLY, KEVIN P JR		6.2 NAME		
STREET ADDRESS	3321 HESSMER AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/29/99 (504) 454-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #