2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 01, 2001 8:00 am DOCUMENT # F0000001025 **Secretary of State** RESTAURANT TECHNOLOGIES, INC. 02-01-2001 90162 008 ***150.00 Principal Place of Business Mailing Address 9505 COUNTY ROAD 42 WEST 3505 COUNTY ROAD-42-WEST BURNSVILLE-MN-55306 BURNSVILLE MN 55396 2. Principal Place of Business 3. Mailing Address 940 Apollo Rd 940 Apollo Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 110 Suite Applied For City & State 4. FEI Number 41-1873256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE Delete TITLE NAME PLOOSTER, PAUL L NAME STREET ADDRESS 22001 ABERDEEN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JORDAN MN 55362 Change TITLE ☐ Delete TITLE Addition NAME SEDIVY, GARY M NAME STREET ADDRESS 3660 N. MESQUITE KNOLL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUSCON AZ 85749 Change ■ Addition TITLE ☐ Delete TITI F NAME SCHOENBAUER, BRADLEY J NAME STREET ADDRES 311 COLUMBUS AVE. S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PRAGUE MN 66071** ☐ Delete TITLE ☐ Change ☐ Addition TITLE RUELLE, JOHN H NAME NAME STREET ADDRESS 13554 FOXBERRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAVAGE MN 55378 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRUNEWALD, JOHN H NAME NAME STREET ADDRESS STREET ADDRESS 2530 POINCIANA DRIVE CITY - ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33327 □ Addition Change TITLE ☐ Delete TITLE TATE, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 3230 URBANDALE LANE CITY-ST-ZIP CITY-ST-ZIP PLYMOUTH MN 55447 13. I hereby certify that the information supplied with this fing 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 empowersh to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empor ther like empowered