


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90055 026 ***150.00

DOCUMENT # F00000001025

1. Entity Name
RESTAURANT TECHNOLOGIES, INC.



Principal Place of Business Mailing Address


940 APOLLO ROAD SUITE 110 **940 APOLLO ROAD SUITE 110**
EAGAN, MN 55121 US **EAGAN, MN 55121 US**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

50006259



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1873256 Applied For
 Not Applicable

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

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 _____ DATE _____

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	P
NAME	PLOOSTER, PAUL L
STREET ADDRESS	22001 ABERDEEN AVE
CITY-ST-ZIP	JORDAN, MN 55362
TITLE	V
NAME	SEDIVY, GARY M
STREET ADDRESS	7256 E VUELTA RANCHO MESQUITE
CITY-ST-ZIP	TUSCON, AZ 85749
TITLE	V
NAME	SCHOENBAUER, BRADLEY J
STREET ADDRESS	311 COLUMBUS AVE. S.
CITY-ST-ZIP	NEW PRAGUE, MN 66071
TITLE	V
NAME	RUELLE, JOHN H
STREET ADDRESS	13554 FOXBERRY RD
CITY-ST-ZIP	SAVAGE, MN 55378
TITLE	C
NAME	GRUNEWALD, JOHN H
STREET ADDRESS	2530 POINCIANA DRIVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33327
TITLE	D
NAME	LARSON, KEN
STREET ADDRESS	5420 SOUTHWOOD RD.
CITY-ST-ZIP	BLOOMINGTON, MN

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:  CFO John M. Redl 1/18/05 (651) 796-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #