

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001025

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: RESTAURANT TECHNOLOGIES, INC.

**Current Principal Place of Business:**

3711 KENNEBEC DRIVE  
STE 100  
EAGAN, MN 55122 US

**New Principal Place of Business:**

**Current Mailing Address:**

3711 KENNEBEC DRIVE  
STE 100  
EAGAN, MN 55122 US

**New Mailing Address:**

FEI Number: 41-1873256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P (X) Delete  
Name: PLOOSTER, PAUL L  
Address: 22001 ABERDEEN AVE  
City-St-Zip: JORDAN, MN 55362

Title: V ( ) Delete  
Name: SEDIVY, GARY M  
Address: 7256 E VUELTA RANCHO MESQUITE  
City-St-Zip: TUSCON, AZ 85749

Title: V ( ) Delete  
Name: SCHOENBAUER, BRADLEY J  
Address: 311 COLUMBUS AVE. S.  
City-St-Zip: NEW PRAGUE, MN 66071

Title: CFO ( ) Delete  
Name: WEIL, BOB  
Address: 5725 ALDRICH AVE S  
City-St-Zip: MINNEAPOLIS, MN 55419

Title: C ( ) Delete  
Name: GRUNEWALD, JOHN H  
Address: 2530 POINCIANA DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33327

Title: D ( ) Delete  
Name: LARSON, KEN  
Address: 5420 SOUTHWOOD RD.  
City-St-Zip: BLOOMINGTON, MN

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSH KOCH

AUTH

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date