


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000000294</b> 1. Entity Name T-CHEK SYSTEMS, INC.	
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Principal Place of Business 8100 MITCHELL ROAD, SUITE 200 EDEN PRAIRIE, MN 55344	Mailing Address 8100 MITCHELL ROAD, SUITE 200 EDEN PRAIRIE, MN 55344
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-1958256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, MARK 10024 GRISTMILL RIDGE EDEN PRAIRIE, MN. 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURLEY, JOE E 116 SHILOH DRIVE MARION, AR 72364
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINGH, J.J. 8335 CARRIAGE HILL ALCOVE SAVAGE, MN 55378
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS FEUSS, LINDA 8100 MITCHELL ROAD EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHNEIDER, LORI M 431 WATER STREET JORDAN, MN 55352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENNER, TROY 525 GREENVIEW DRIVE CHANHASSEN, MN 55317

U00000360367  
05/05/05-80030-016 150.00

**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: Troy Renner Troy Renner 4-28-05 (952) 937-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #