FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 21, 2002 8:00 am Secretary of State

DOCUN 1. Entity Name	∥ENT # F9900000 ⊫	0885		05-21-2002 91168 009 ***150.00					
OCB Res	staurant, Co.				\searrow				
D	O NOT WRITE	IN T	HIS SP	ACE			6 6	7792	
2. Principal Place of Business			3. Mailing Address 1460 Buffet Way						
1460 Buffet Way Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
duile, Apri. *, etc.									
City & State EAGAN MN		EAGÁ	City & State EAGAN MN				FEI Number -1777607	}	Applied For Not Applicable
Zip 55121	Country USA	Zip 5512	Country 21 USA		у	5.	5. Certificate of Status Desired 5. Service Status Desired Fee Required		I
						7. Nar	ne and Address of Current Re	gistered Ager	nt
				·	Name ריין זייניים	R POR	ATTÓN SYSTEM		, .
	DO NOT W	RITE			Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD				
نځ .					1200	SOUTI	I PINE ISLAND	ROAD	
<u>.</u>	IN THIS SI	ACE	•						
€					City PLANT	י∩דתמ		FL Zip	Code 3324
8. The above	named entity submits this statem	ent for the p	urpose of changi	ng its re					,524
							•		
SIGNATURE	-				CHANGE		realty required when mineration	DA*	
	Signature, typed or printed name of reg	jiştered agent		· ·			gnature required when reinstating)	- UA	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Me After May 1 Amended Make Check Payable					is \$550.00 is \$61.25		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND		·	able to L		Jule			
TITLE	CEO	DITLOTO.		עחוו	<u> </u>		······································		
NAME	Kerry Kramp			NAM			•		CD 5034B (1976
STREET ADDRESS	1 4 5 6 6 5 5 7 7			STRE	ET ADORESS				
CITY - ST - ZIP	Eagan, MN 55121			ату	- ST - ZIP				
TITLÉ	CFO			ทน					Įģ
NAME	R. Michael And			NAM					
STREET ADDRESS	1460 Buffet Wa	-			EET ADORESS - ST - ZIP				
CITY - ST - ZIP	<u>Eagan, MN 5512</u> Secretary	<u> </u>		TITLE		***************************************	*		
NAME	H. Thomas Mitc	hell	•	NAMI					
STREET ADDRESS	1460 Buffet Wa		<u></u>	STR	ET ADDRESS		TOO NOT W	DITE	ح عصاء شاء الما
CITY - ST - ZIP	Eagan, MN 5512			ατy	- ST - ZIP		DO NOT W	MIIE	
TITLE	Assistant Secr	etary		ппц	£		IN THIS SI	PACE	
NAME	Paul Holovnia			NAM					
	1460 Buffet Wa				ET ADORESS - ST - ZIP				<u> </u>
CITY - ST - ZIP	Eagan, MN 5512	<u> </u>		TITLE					
TITLE NAME			e	NAM					i
STREET ADDRESS					ET ADDRESS				lu lu
CITY - ST - ZIP					- ST - ZIP	-			
TITLE		•	<u></u>	TITLE					
NAME	· ·	•		NAM	- 1	-	e e e e e e e e e e e e e e e e e e e		
STREET ADDRESS	* , *, .	· · ·			ET ADDRESS	• ;			r Syn
CITY - ST - ZIP	3 / 3	LUISE ALS FOR			- ST - ZIP	atod in Co	tion 410 07/01/11 Classica Ct-4.4	an I frinth	
 13. I hereby ce information 	ertify that the information supplied in indicated on this report or supplied	with this filir emental repo	ng does not quali ort is true and ac	ry for the curate ar	exemption stand and that my sign	ateo in Set nature sha	non 119.07(3)(1), Florida Statut Il have the same legal effect as	es. i turtner cer 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 11 or man attachment with an address, with all other like empowered.

C	10	N	ATI	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #