


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000000885**

1. Entity Name  
**OCB RESTAURANT CO.**



Principal Place of Business 1460 BUFFET WAY EAGAN, MN 55121 US	Mailing Address 1460 BUFFET WAY EAGAN, MN 55121 US
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1777607	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

**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 No Changes (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KRAMP, KERRY 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ANDREWS, R M 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MITCHELL, H. THOMAS 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HOLOVANIA, PAUL 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

UD0000150143  
 05/03/04-80215-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul Heclein **4-27-04** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR