

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 31, 2000 08:00 AM
Secretary of State

DOCUMENT # F99000001542

1. Entity Name
 MINIMED INC.

| | |
|--|--|
| Principal Place of Business 12744 SAN FERNANDO RD. SYLMAR CA 91342 | Mailing Address 12744 SAN FERNANDO RD. SYLMAR CA 91342 |
|--|--|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|---|--|
| 4. FEI Number 95-4408171 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 323012525 US | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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.

SIGNATURE _____ DATE **08/31/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MACCALLUM DAVID H | | | NAME | | | |
| STREET ADDRESS | 12744 SAN FERNANDO RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SYLMAR CA 91342 | | | CITY-ST-ZIP | | | |
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GREGG TERRANCE H | | | NAME | | | |
| STREET ADDRESS | 12744 SAN FERNANDO RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SYLMAR CA 91342 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GRANT WILLIAM R | | | NAME | | | |
| STREET ADDRESS | 12744 SAN FERNANDO RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SYLMAR CA 91342 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DAVIS CAROLYNE K | | | NAME | | | |
| STREET ADDRESS | 12744 SAN FERNANDO RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SYLMAR CA 91342 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHERNOF DAVID M.D. | | | NAME | | | |
| STREET ADDRESS | 12744 SAN FERNANDO RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SYLMAR CA 91342 | | | CITY-ST-ZIP | | | |
| TITLE | C | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MANN ALFRED E | | | NAME | | | |
| STREET ADDRESS | 12744 SAN FERNANDO RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SYLMAR CA 91342 | | | CITY-ST-ZIP | | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terrance H. Gregg DATE: 08/31/2000

JAY S. SKYLER
12744 SAN FERNANDO ROAD

SYLMAR, CA 91342

JOHN C. VILLFORTH
12744 SAN FERNANDO ROAD

SYLMAR, CA 91342

THOMAS R. TESTMAN, DIRECTOR
12744 SAN FERNANDO ROAD

SYLMAR, CA 91342