

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90055 046 ***150.00

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**

2. Principal Place of Business
18000 Devonshire St.
 Suite, Apt. #, etc.

3. Mailing Address
18000 Devonshire St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Northridge, CA

City & State
Northridge, CA

4. FEI Number **95-4408171**

Applied For
 Not Applicable

Zip
91325

Country
U.S.A.

Zip
91325

Country
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MANN, ALFRED E	
STREET ADDRESS	12744 SAN FERNANDO RD.	
CITY-ST-ZIP	SYLMAR CA 91342	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERNOF, DAVID M.D.	
STREET ADDRESS	12744 SAN FERNANDO RD.	
CITY-ST-ZIP	SYLMAR CA 91342	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CAROLYNE K	
STREET ADDRESS	12744 SAN FERNANDO RD.	
CITY-ST-ZIP	SYLMAR CA 91342	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, WILLIAM R	
STREET ADDRESS	12744 SAN FERNANDO RD.	
CITY-ST-ZIP	SYLMAR CA 91342	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GREGG, TERRANCE H	
STREET ADDRESS	12744 SAN FERNANDO RD.	
CITY-ST-ZIP	SYLMAR CA 91342	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCALLUM, DAVID H	
STREET ADDRESS	12744 SAN FERNANDO RD.	
CITY-ST-ZIP	SYLMAR CA 91342	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18000 Devonshire Street	
CITY-ST-ZIP	Northridge, CA 91325	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18000 Devonshire Street	
CITY-ST-ZIP	Northridge, CA 91325	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18000 Devonshire Street	
CITY-ST-ZIP	Northridge, CA 91325	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18000 Devonshire Street	
CITY-ST-ZIP	Northridge, CA 91325	

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:

Eric Kentor
ERIC KENTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

800-933-3322

Daytime Phone #

CR2E034 (10/00)