

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2012
Secretary of State

Entity Name: MEDTRONIC MINIMED, INC.

Current Principal Place of Business:

18000 DEVONSHIRE ST
ATTENTION: LORI SNELL, LEGAL DEPT.
NORTHRIDGE, CA 91325

New Principal Place of Business:

Current Mailing Address:

18000 DEVONSHIRE ST
ATTENTION: LORI SNELL, LEGAL DEPT.
NORTHRIDGE, CA 91325

New Mailing Address:

FEI Number: 95-4408171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SZYMAN, CATHERINE
Address: 18000 DEVONSHIRE STREET
City-St-Zip: NORTHRIDGE, CA 91325

Title: CFOD
Name: ELLIS, GARY
Address: 710 MEDTRONIC PARKWAY NE
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: D VP
Name: FINDLAY, D. CAMERON
Address: 710 MEDTRONIC PARKWAY NE
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: VP
Name: ALBERT, PHILIP
Address: 710 MEDTRONIC PARKWAY NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: VP
Name: GEISMAR, ERIC P
Address: 18000 DEVONSHIRE ST
City-St-Zip: NORTHRIDGE, CA 91325

Title: AS
Name: SKEFFINGTON, KENYA
Address: 710 MEDTRONIC PARKWAY NE
City-St-Zip: MINNEAPOLIS, MN 55432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC P. GEISMAR

VP

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date