# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 08, 2002 8:00 am**
**Secretary of State**
05-08-2002 90113 015 ***150.00

DOCUMENT # M94245

1. Entity Name

MINIMED MEDICAL SUPPLY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18000 DEVONSHIRE ST<br>NORTHRIDGE CA 91325<br>US | 18000 DEVONSHIRE ST<br>NORTHRIDGE CA 91325<br>US |

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0061604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
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) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>TERRANCE, GREGG H.<br>18000 DEVONSHIRE ST<br>NORTHRIDGE CA 91325 | ☐ Delete | PRESIDENT<br>TERRANCE H. GREGG<br>18000 DEVONSHIRE ST<br>NORTHRIDGE, CALIFORNIA 91325 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>KENTOR, ERIC S.<br>18000 DEVONSHIRE ST<br>NORTHRIDGE CA 91325 | ☒ Delete | SECRETARY<br>DAVID J. SCOTT<br>710 MEDTRONIC PARKWAY NE<br>MINNEAPOLIS, MINNESOTA 55432-5604 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>SAYER, KEVIN R.<br>18000 DEVONSHIRE ST<br>NORTHRIDGE CA 91325 | ☒ Delete | CHIEF FINANCIAL OFFICER<br>ROBERT L. RYAN<br>710 MEDTRONIC PARKWAY NE<br>MINNEAPOLIS, MINNESOTA 55432-5604 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~STAR~~ | ☐ Delete | DIRECTOR<br>DAVID J. SCOTT<br>710 MEDTRONIC PARKWAY NE<br>MINNEAPOLIS, MINNESOTA 55432-5604 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | DIRECTOR<br>ROBERT L. RYAN<br>710 MEDTRONIC PARKWAY NE<br>MINNEAPOLIS, MINNESOTA 55432-5604 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | DIRECTOR<br>GARY L. ELLIS<br>710 MEDTRONIC PARKWAY NE<br>MINNEAPOLIS, MINNESOTA 55432-5604 | ☐ Change ☒ Addition |

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:** SIGNATURE REQUIRED TERRANCE H. GREGG, PRESIDENT 4-5-02 818-362-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)