2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# M94245

Entity Name: MINIMED MEDICAL SUPPLY, INC.

Current Principal Place of Business:

18000 DEVONSHIRE ST
NORTHRIDGE, CA 91325 US

New Principal Place of Business:

Current Mailing Address:

18000 DEVONSHIRE ST
NORTHRIDGE, CA 91325 US

New Mailing Address:

FEI Number: 65-0061604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: LUND, RONALD
Address: 710 MEDTRONIC PKWY NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: DCFO ( ) Delete
Name: RYAN, ROBERT L
Address: 710 MEDTRONIC PKWY NE.
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: D ( ) Delete
Name: ELLIS, GARY L
Address: 710 MEDTRONIC PARKWAY NE
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: P ( ) Delete
Name: MCCAULLEY, JEFFREY A
Address: 18000 DEVONSHIRE ST
City-St-Zip: NORTHRIDGE, CA 91325

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: CARLSON, TERRY
Address: 710 MEDTRONIC PKWY NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: DCFO (X) Change ( ) Addition
Name: ALBERT, PHILIP
Address: 710 MEDTRONIC PKWY NE.
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GUEZURAGA, ROBERT
Address: 18000 DEVONSHIRE ST
City-St-Zip: NORTHRIDGE, CA 91325

Title: VP ( ) Change (X) Addition
Name: GEISMAR, ERIC
Address: 18000 DEVONSHIRE ST
City-St-Zip: NORTHRIDGE, CA 91325

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERIC GEISMAR VP 07/21/2005

Electronic Signature of Signing Officer or Director Date