

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001751

Entity Name: VISUALASE, INC.

Current Principal Place of Business:

710 MEDTRONIC PARKWAY
MINNEAPOLIS, MN 55432

Current Mailing Address:

710 MEDTRONIC PKWAY
MINNEAPOLIS, MN 55432 US

FEI Number: 20-3753818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title VP
Name ALBERT, PHIL
Address 710 MEDTRONIC PKWY
City-State-Zip: MINNEAPOLIS MN 55449

Title VP
Name JARO, MICHAEL
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title CFO
Name ELLIS, GARY
Address 710 MEDTRONIC PKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title TREASURER
Name HARTY, LINDA
Address 710 MEDTRONIC PKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title CONTROLLER
Name DOUG, HOEKSTRA
Address 710 MEDTRONIC PKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title SECRETARY
Name LERMAN, BRAD
Address 710 MEDTRONIC PKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title ASSISTANT SECRETARY
Name SKEFFINGTON, KEYNA P
Address 710 MEDTRONIC PKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title ASSISTANT SECRETARY
Name ZIEBELL, ANNE
Address 710 MEDTRONIC PKWAY
City-State-Zip: MINNEAPOLIS MN 55432

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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: PHIL ALBERT

VICE PRESIDENT

03/04/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title PRESIDENT

Name FLETCHER, MARK

Address 710 MEDTRONIC PKWAY

City-State-Zip: MINNEAPOLIS MN 55432