

**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 CFO  
Name ELLIS, GARY  
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 ASSISTANT SECRETARY  
Name SKEFFINGTON, KEYNA P  
Address 710 MEDTRONIC PKWAY  
City-State-Zip: MINNEAPOLIS MN 55432

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

Title TREASURER  
Name HARTY, LINDA  
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 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