

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003513

Entity Name: COMPANION MEDICAL, INC.**Current Principal Place of Business:**710 MEDTRONIC PARKWAY
MINNEAPOLIS, MN 55432**Current Mailing Address:**710 MEDTRONIC PARKWAY
MINNEAPOLIS, MN 55432 US**FEI Number: 46-4437014****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: KAREN ROSE****03/23/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR, PRESIDENT
Name SALMON, SEAN
Address 18000 DEVONSHIRE STREET
City-State-Zip: NORTHRIDGE CA 91325

Title VP, SECRETARY
Name NELSON WILLS, COURTNEY
Address 8200 CORAL SEA STREET NE
City-State-Zip: MOUNDS VIEW MN 55112

Title VP, TREASURER
Name DOMENICI, AUSTIN
Address 18000 DEVONSHIRE STREET
City-State-Zip: NORTHRIDGE CA 91325

Title VP, ASSISTANT SECRETARY
Name KING, CORINNE
Address 18000 DEVONSHIRE STREET
City-State-Zip: NORTHRIDGE CA 91325

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: ANNE ZIEBELL**ASSISTANT SECRETARY 03/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date