

2023 FOREIGN PROFIT CORPORATION AMENDED 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

04/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name QUE, DALLARA
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title DIRECTOR
Name VORGERT, TIM
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

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

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

Title SECRETARY
Name OSTRAAS, THOMAS
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title VP, CFO
Name ARROCHA, EDGAR
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title VP
Name GRANT, MARK
Address 18000 DEVONSHIRE STREET
City-State-Zip: NORTHRIDGE FL 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: THOMAS OSTRAAS

ASSISTANT SECRETARY 04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date