

**2021 FOREIGN PROFIT CORPORATION REINSTATEMENT**

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****03/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name HA, MARTHA  
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 PRESIDENT  
Name SALMON, SEAN  
Address 710 MEDTRONIC PARKWAY  
City-State-Zip: MINNEAPOLIS MN 55432

Title SECRETARY  
Name NELSON WILLS, COURTNEY  
Address 710 MEDTRONIC PARKWAY  
City-State-Zip: MINNEAPOLIS MN 55432

*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 03/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date