

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001440

Entity Name: RIST NEUROVASCULAR, INC.**Current Principal Place of Business:**710 MEDTRONIC PARKWAY
MINNEAPOLIS, MN 55432**Current Mailing Address:**710 MEDTRONIC PARKWAY
MINNEAPOLIS, MN 55432 US**FEI Number:** 82-4924660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
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:** ASHLEY ISBERT

04/21/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP, TREASURER
Name BRISTOW, JASON
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title DIRECTOR, VP, SECRETARY
Name HA, MARTHA
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title PRESIDENT
Name VOLZ, DAN
Address 5290 CALIFORNIA AVE
City-State-Zip: IRVINE CA 92617

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

Title ASST. SECRETARY
Name OSTERAAS, THOMAS
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: THOMAS OSTERAAS

ASST SECRETARY

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date