

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000005402

**Entity Name:** MEDTRONIC XOMED, INC.

**Current Principal Place of Business:**

6743 SOUTHPOINT DRIVE NORTH  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

710 MEDTRONIC PARKWAY  
LC300  
MINNEAPOLIS, MN 55432 US

**FEI Number: 06-1393528**

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

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

Title           DIRECTOR, VICE PRESIDENT &  
                  ASSISTANT SECRETARY  
Name           HA, MARTHA  
Address        710 MEDTRONIC PARKWAY  
City-State-Zip: MINNEAPOLIS MN 55432

Title           ASST. SECRETARY  
Name           ZIEBELL, ANNE M  
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 M. ZIEBELL**

**ASSISTANT SECRETARY    03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date