

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001542

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

**Current Principal Place of Business:**

18000 DEVONSHIRE ST  
ATTENTION: LORI SNELL, LEGAL DEPT.  
NORTHRIDGE, CA 91325

**Current Mailing Address:**

18000 DEVONSHIRE ST  
ATTENTION: LORI SNELL, LEGAL DEPT.  
NORTHRIDGE, CA 91325

**FEI Number:** 95-4408171

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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 P  
Name SZYMAN, CATHERINE  
Address 18000 DEVONSHIRE STREET  
City-State-Zip: NORTHRIDGE CA 91325

Title CFOD  
Name ELLIS, GARY  
Address 710 MEDTRONIC PARKWAY NE  
City-State-Zip: MINNEAPOLIS MN 55432-5604

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

Title VP  
Name GEISMAR, ERIC P  
Address 18000 DEVONSHIRE ST  
City-State-Zip: NORTHRIDGE CA 91325

Title AS  
Name SKEFFINGTON, KENYA  
Address 710 MEDTRONIC PARKWAY NE  
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:** ERIC P. GEISMAR

**VICE PRESIDENT**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date