

2015 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 PRESIDENT
Name HAKAMI, HOOMAN
Address 18000 DEVONSHIRE ST
 ATTENTION: LORI SNELL, LEGAL
 DEPT.
City-State-Zip: NORTHRIDGE CA 91325

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

Title AS
Name SKEFFINGTON, KENYA
Address 710 MEDTRONIC PARKWAY NE
City-State-Zip: MINNEAPOLIS MN 55432

Title VP
Name TILLESKJOR, DARRYL
Address 18000 DEVONSHIRE ST
 ATTENTION: LORI SNELL, LEGAL
 DEPT.
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 GEISMAR, ERIC P
Address 18000 DEVONSHIRE ST
City-State-Zip: NORTHRIDGE CA 91325

Title VP, SECRETARY
Name LERMAN, BRADLEY
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: ERIC P. GEISMAR

**VICE PRESIDENT & ASST. 01/12/2015
SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date