


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90081 027 \*\*\*150.00

**DOCUMENT # 821426**  
 1. Entity Name  
**MEDTRONIC, INC.**



Principal Place of Business  
**MEDTRONIC, INC.**  
**710 MEDTRONIC PARKWAY**  
**MINNEAPOLIS, MN 55432**

Mailing Address  
**MEDTRONIC, INC.**  
**710 MEDTRONIC PARKWAY**  
**MINNEAPOLIS, MN 55432**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02162005 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-0793183**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORNE, MARGARET A 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 554325604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIS, GARY 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 554325604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUND, RONALD E 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 554325604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JR., ARTHUR D 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 554325604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RYAN, ROBERT L 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 554325604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Terrance L Carlson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Margaret Osborne* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: *Margaret Osborne 2-23-05 7635 14400* **DATE DAYTIME PHONE #**

ATTACHMENT  
#821426

MEDTRONIC, INC. 20616874

LIST OF OFFICERS AND DIRECTORS  
FEDERAL TAX ID NUMBER: 41-0793183

ATTACHMENT

**DIRECTORS**

ARTHUR D. COLLINS JR.	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
MICHAEL R. BONSIGNORE	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
WILLIAM R. BRODY	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
DENISE M. O'LEARY	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
JACK W. SCHULER	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
GORDON M. SPRENGER	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
ANTONIO M. GOTTO, JR, MD	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
RICHARD H. ANDERSON	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
JEAN-PIERRE ROSSO	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
SHIRLEY ANN JACKSON, PHD	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
ROBERT C. POZEN	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604

**OFFICERS**

ARTHUR D. COLLINS, JR.	PRESIDENT, CEO	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
TERRANCE L. CARLSON	SECRETARY	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
NEIL P. AYOTTE	ASST. SECRETARY	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
ROBERT L RYAN	CFO	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
GARY L ELLIS	TREASURER	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
MARGARET A OSBORNE	VP TAX	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
GARY A. NELSON	ASST. SECRETARY	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
JANET S. FIOLA	VP HUMAN RESOURCES	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
STEPHEN H. MAHLE	VP CRM	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
ROBERT M. GUEZURAGA	VP MINIMED	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
SCOTT WARD	VP NEURO, & DIABETES	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
BARRY W. WILSON	VP INTERNATIONAL	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
JEFF BALAGNA	VP CIO	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
WILLIAM A. HAWKINS	VP, VASCULAR	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
JEAN-LUC BUTEL	VP, ASIA-PACIFIC	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
MICHAEL F. DEMANE	VP, SPINAL, ENT AND SNT	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604
STEVE OESTERLE	VP, MEDICINE/TECHNOLOGY	710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432-5604