

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90014 021 ***150.00

DOCUMENT # 821426

1. Entity Name
MEDTRONIC, INC.



Principal Place of Business
**MEDTRONIC, INC.
710 MEDTRONIC PARKWAY STE LC355
MINNEAPOLIS, MN 55432**

Mailing Address
**MEDTRONIC, INC.
710 MEDTRONIC PARKWAY STE LC355
MINNEAPOLIS, MN 55432**

40043336



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-0793183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ALBERT, PHILIP J
STREET ADDRESS	710 MEDTRONIC PARKWAY
CITY-ST-ZIP	MINNEAPOLIS, MN 554325604

TITLE	CFO
NAME	ELLIS, GARY
STREET ADDRESS	710 MEDTRONIC PARKWAY
CITY-ST-ZIP	MINNEAPOLIS, MN 554325604

TITLE	S
NAME	CARLSON, TERRANCE L
STREET ADDRESS	710 MEDTRONIC PARKWAY
CITY-ST-ZIP	MINNEAPOLIS, MN 554325604

TITLE	P
NAME	HAWKINS, WILLIAM A
STREET ADDRESS	710 MEDTRONIC PARKWAY
CITY-ST-ZIP	MINNEAPOLIS, MN 554325604

TITLE	D
NAME	ANDERSON, RICHARD
STREET ADDRESS	710 MEDTRONIC PKWY
CITY-ST-ZIP	MINNEAPOLIS, MN 55432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Albert
Philip Albert

3/12/08

Date

7635052713

Daytime Phone #