

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

DOCUMENT # F04000004457

1. Entity Name
MEDTRONIC TRANSNEURONIX, INC.



04-04-2007 90187 012 ****15.00
04-23-2007 90273 021 ****150.00

Principal Place of Business
100 STIERU CT
STE 106
MOUNT ARLINGTON, NJ 07856

Mailing Address
LC355
720 MEDTRONIC PKWY
MINNEAPOLIS, MN 55432-5604

40077956

2. Principal Place of Business - No P.O. Box #
100 Stierli Ct.

3. Mailing Address
710 medtronic Pkwy
Suite, Apt. #, etc.
LC355



03212007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
72-1342229

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME ELLIS, GARY L
STREET ADDRESS 710 MEDTRONIC PKWY
CITY-ST-ZIP MINNEAPOLIS, MN 554325604

TITLE SD ☐ Delete
NAME CARLSON, TERRANCE L
STREET ADDRESS 710 MEDTRONIC PKWY
CITY-ST-ZIP MINNEAPOLIS, MN 554325604

TITLE D ☐ Delete
NAME TEFFT, THOMAS M
STREET ADDRESS 710 MEDTRONIC PKWY
CITY-ST-ZIP MINNEAPOLIS, MN 554325604

TITLE P ☐ Delete
NAME HAWKINS, LILLIAN A
STREET ADDRESS 710 MEDTRONIC PKWY
CITY-ST-ZIP MINNEAPOLIS, MN 554325604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Hawkins, William A
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP Philip Albert
STREET ADDRESS 710 medtronic Pkwy
CITY-ST-ZIP mpls mn 55432 5604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
Vice President

3/23/07 7635144000
Date Daytime Phone #