2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# F06000001392

Entity Name: AMPLATZER MEDICAL SALES CORPORATION

Current Principal Place of Business:

5050 NATHAN LANE N
PLYMOUTH, MN 55442

New Principal Place of Business:

Current Mailing Address:

5050 NATHAN LANE N
PLYMOUTH, MN 55442

New Mailing Address:

FEI Number: 37-1450639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: BARR, JOHN R
Address: 5050 NATHAN LANE N
City-St-Zip: PLYMOUTH, MN 55442

Title: VP
Name: HEINMILLER, JOHN C
Address: ONE ST JUDE MEDICAL DRIVE
City-St-Zip: ST PAUL, MN 55117

Title: VP
Name: ZURBAY, DONALD J
Address: ONE ST JUDE MEDICAL DRIVE
City-St-Zip: ST PAUL, MN 55117

Title: SEC
Name: KROP, PAMELA
Address: ONE ST JUDE MEDICAL DRIVE
City-St-Zip: ST PAUL, MN 55117

Title: VP
Name: ROTHER, PETER V
Address: 5050 NATHAN LANE N
City-St-Zip: PLYMOUTH, MN 55442

Title: VP
Name: KRENTZ, JAN E
Address: ONE ST JUDE MEDICAL DRIVE
City-St-Zip: ST PAUL, MN 55117

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: JOHN R BARR PRES 04/18/2011

Electronic Signature of Signing Officer or Director Date