2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005013

Entity Name: GUIDANT SALES CORPORATION

FILED Sep 02, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
111 MONU	IMENT CIRCLE	Ξ				
#2900	OLIO INI 4000	4				
INDIANAP	OLIS, IN 46204	4				
Current Mailing Address:			New Mailing Address:			
PO BOX 44 INDIANAP	4906 OLIS, IN 4624	40906				
FEI Number:	35-1987080	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOU ⁻	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
	named entity s of Florida.	submits this statement for the pu	urpose of changing it	its registered office or registered agent, or both,		
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
In accordance	ce with s. 607.193	3(2)(b), F.S., the corporation did not	receive the prior notice	ce.		
		Trust Fund Contribution ().	·			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BARTELL, MAR	T CIRCLE, 29TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	GORGE, WILLI	T CIRCLE, #2900	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HOLLOWAY, JE	T CIRCLE, #2900	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HOLLOWAY, JEAN F 4100 HAMLINE AVENUE ST. PAUL, MN 55112		
Title: Name: Address: City-St-Zip:	BRAUER, KEITH	T CIRCLE- #2900	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEAN F. HOLLOWAY S 09/02/2005