## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000005013

**Entity Name: GUIDANT SALES CORPORATION** 

FILED May 26, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
111 MONU #2900	JMENT CIRCLI	E			
	OLIS, IN 4620	4			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
PO BOX 44906 INDIANAPOLIS, IN 462440906			111 MONUMENT CIRCLE #2900 INDIANAPOLIS, IN 46204		
FEI Number: 35-1987080		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SYS TH PINE ISLAN ION, FL 33324 Inamed entity se of Florida.	ND ROAD US	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n 7 Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	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:	S () HOLLOWAY, JE 4100 HAMLINE ST. PAUL, MN	AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BRAUER, KEITI	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 Chapter 119, 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 05/26/2006