

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005712

1. Entity Name

MEDTRONIC AVE, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90011 022 ***150.00

Principal Place of Business

Mailing Address

3576 UNOCAL PLACE
SANTA ROSA CA 95403
US

3576 UNOCAL PLACE
SANTA ROSA CA 95403-1774
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3144218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHIEK, JOHN A	
STREET ADDRESS	826 SCHUMAN LANE	
CITY-ST-ZIP	PETALUMA CA 94952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLANO, SCOTT J	
STREET ADDRESS	3576 UNOCAL PL.	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILDER, THOMAS C	
STREET ADDRESS	3576 UNOCAL PL.	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOHN D	
STREET ADDRESS	3576 UNOCAL PL.	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	VBDO	<input checked="" type="checkbox"/> Delete
NAME	SOLANO, SCOTT J	
STREET ADDRESS	555 MISSION BLVD	
CITY-ST-ZIP	SANTA ROSA CA 95409	
TITLE	OVI	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOHN D	
STREET ADDRESS	411 COUNTRYSIDE CIRCLE	
CITY-ST-ZIP	SANTA ROSA CA 95401	

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur D. Collins, Jr	
STREET ADDRESS	7000 Central Avenue	
CITY-ST-ZIP	Minneapolis, MN 55432	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald E. Lund	
STREET ADDRESS	7000 Central Avenue	
CITY-ST-ZIP	Minneapolis, MN 55432	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andy Rasdal	
STREET ADDRESS	3576 Unocal Place	
CITY-ST-ZIP	Santa Rosa, CA 95403	
TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L. Ryan	
STREET ADDRESS	7000 Central Avenue	
CITY-ST-ZIP	Minneapolis, MN 55432	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 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

Date

Daytime Phone #

Andy Rasdal

(707) 525-0111

CR2E034 (9/99)