

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90035 003 ***150.00

DOCUMENT # F97000005712

1. Entity Name
MEDTRONIC AVE, INC.

Principal Place of Business

Mailing Address

**3576 UNOCAL PLACE
 SANTA ROSA CA 95403
 US**

**3576 UNOCAL PLACE
 SANTA ROSA CA 95403
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3144218**

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

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, 2001 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** ☒ Delete
 NAME **SCHIEK, JOHN A**
 STREET ADDRESS **826 SCHUMAN LANE**
 CITY-ST-ZIP **PETALUMA CA 94952**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **ANDREW P. RASDAL**
 STREET ADDRESS **3576 UNOCAL PLACE**
 CITY-ST-ZIP **SANTA ROSA, CA 95403**

TITLE **D** ☒ Delete
 NAME **SOLANO, SCOTT J**
 STREET ADDRESS **3576 UNOCAL PL**
 CITY-ST-ZIP **SANTA ROSA CA 95403**

TITLE **C/D** ☐ Change ☒ Addition
 NAME **ARTHUR D. COLLINS, JR.**
 STREET ADDRESS **710 MEDTRONIC PARKWAY NE**
 CITY-ST-ZIP **MINNEAPOLIS, MN 55432**

TITLE **V** ☒ Delete
 NAME **WILDER, THOMAS C**
 STREET ADDRESS **3576 UNOCAL PL**
 CITY-ST-ZIP **SANTA ROSA CA 95403**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **ROBERT L. RYAN**
 STREET ADDRESS **710 MEDTRONIC PARKWAY NE**
 CITY-ST-ZIP **MINNEAPOLIS, MN 55432**

TITLE **D** ☒ Delete
 NAME **MILLER, JOHN D**
 STREET ADDRESS **3576 UNOCAL PL**
 CITY-ST-ZIP **SANTA ROSA CA 95403**

TITLE **V/S** ☐ Change ☒ Addition
 NAME **DAVID J. SCOTT**
 STREET ADDRESS **710 MEDTRONIC PARKWAY NE**
 CITY-ST-ZIP **MINNEAPOLIS, MN 55432**

TITLE **VBDO** ☒ Delete
 NAME **SOLANO, SCOTT J**
 STREET ADDRESS **555 MISSION BLVD**
 CITY-ST-ZIP **SANTA ROSA CA 95403**

TITLE **V/T** ☐ Change ☒ Addition
 NAME **GARY L. ELLIS**
 STREET ADDRESS **710 MEDTRONIC PARKWAY NE**
 CITY-ST-ZIP **MINNEAPOLIS, MN 55432**

TITLE **OVI** ☒ Delete
 NAME **MILLER, JOHN D**
 STREET ADDRESS **411 COUNTRYSIDE CIRCLE**
 CITY-ST-ZIP **SANTA ROSA CA 95401**

TITLE **V** ☐ Change ☒ Addition
 NAME **KATIE M. SZYMAN**
 STREET ADDRESS **3576 UNOCAL PLACE**
 CITY-ST-ZIP **SANTA ROSA, CA 95403**

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

KATIE M. SZYMAN

Date

Daytime Phone #

4/13/01 (707) 525-0111

CR2E034 (10/00)