

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006812**

1. Entity Name

MEDTRONIC USA, INC.**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90086 026 ***150.00

0566830

Principal Place of Business

**7000 CENTRAL AVENUE NE
MINNEAPOLIS MN 55432**

Mailing Address

**7000 CENTRAL AVENUE NE
MS208
MINNEAPOLIS MN 55432**

2. Principal Place of Business

MS LC355

3. Mailing Address

MS LC355**710 MEDTRONIC PARKWAY NE
MINNEAPOLIS MN 55432-5604****710 MEDTRONIC PARKWAY NE
MINNEAPOLIS MN 55432-5604**

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1493213

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MALKINSON, CAROL E 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BEUMER, DALE F 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, ARTHUR D 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ELLIS, GARY L 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUND, RONALD E 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD RYAN, ROBERT L 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
710 medtronic Parkway Minneapolis MN 55432-5604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
Vice President Margaret A. Osborne 710 medtronic Parkway Minneapolis MN 55432-5604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
710 medtronic Parkway Minneapolis MN 55432-5604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
Treasurer 710 medtronic Parkway Minneapolis MN 55432-5604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
Secretary David J. Scott 710 medtronic Parkway Minneapolis MN 55432-5604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
710 medtronic Parkway Minneapolis MN 55432-5604	

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

Margaret Osborne
Vice President

Date

3/29/01

Daytime Phone #

763-505-2740

CR2E034 (10/00)

