

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 036 ***150.00

DOCUMENT # F97000006812 1. Entity Name MEDTRONIC USA, INC.					
Principal Place of Business MS LC355 710 MEDTRONIC PWY NE MINNEAPOLIS, MN 55432		Mailing Address MS LC355 710 MEDTRONIC PWY NE MINNEAPOLIS, MN 55432			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-1493213	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PAYOTTE, NEIL 710 MEDTRONIC PWY MINNEAPOLIS, MN 554325604 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payotte, Neil ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSBORNE, MARGARET 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 554325604 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albert, Philip ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, WILLIAM A 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSON, TERRANCE L 710 MEDTRONIC PWY MINNEAPOLIS, MN 55432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, TERRANCE L 710 MEDTRONIC PWY MINNEAPOLIS, MN 55432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD RYAN, ROBERT L 710 MEDTRONIC PWY MINNEAPOLIS, MN 55432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellis, Gary ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Philip Albert</u> Philip Albert <u>3/3/06</u> 763 5144000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

##9700000682

ATTACHMENT

710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432-5604
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