2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# F97000006812

Entity Name: MEDTRONIC USA, INC.

Current Principal Place of Business:

MS LC355
710 MEDTRONIC PWY NE
MINNEAPOLIS, MN 55432

New Principal Place of Business:

Current Mailing Address:

MS LC355
710 MEDTRONIC PWY NE
MINNEAPOLIS, MN 55432

New Mailing Address:

FEI Number: 41-1493213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AS ( ) Delete
Name: SKEFFINGTON, KEYNA
Address: 710 MEDTRONIC PWY
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: V ( ) Delete
Name: ALBERT, PHILIP
Address: 710 MEDTRONIC PARKWAY
City-St-Zip: MINNEAPOLIS, MN 554325604

Title: P ( ) Delete
Name: DEMANE, MICHAEL
Address: 710 MEDTRONIC PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55432

Title: S ( ) Delete
Name: CARLSON, TERRANCE L
Address: 710 MEDTRONIC PWY
City-St-Zip: MINNEAPOLIS, MN 55432

Title: D ( ) Delete
Name: CARLSON, TERRANCE L
Address: 710 MEDTRONIC PWY
City-St-Zip: MINNEAPOLIS, MN 55432

Title: CFOD ( ) Delete
Name: ELLIS, GARY
Address: 710 MEDTRONIC PWY
City-St-Zip: MINNEAPOLIS, MN 55432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HAWKINS, WILLIAM
Address: 710 MEDTRONIC PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55432

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP ALBERT V 03/18/2009

Electronic Signature of Signing Officer or Director Date