2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
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

OFFICERS AND DIRECTORS:

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

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

Title: P
Name: ISHRAK, OMAR
Address: 710 MEDTRONIC PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55432

Title: S
Name: FINDLAY, D CAMERON
Address: 710 MEDTRONIC PWY
City-St-Zip: MINNEAPOLIS, MN 55432

Title: D VP
Name: HOEKSTRA, DOUG
Address: 710 MEDTRONIC PWY
City-St-Zip: MINNEAPOLIS, MN 55432

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

I hereby 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 all other like empowered.

SIGNATURE: PHILIP ALBERT V 03/29/2012

Electronic Signature of Signing Officer or Director — Date