2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# F98000005577

Entity Name: COVIDIEN INC.

Current Principal Place of Business:

15 HAMPSHIRE STREET
MANSFIELD, MA 02048

New Principal Place of Business:

Current Mailing Address:

15 HAMPSHIRE STREET
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 02-0502161 **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: PRES
Name: MASTERSON, JOHN H PRES
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VPSD
Name: KAPPLES, JOHN W VPSECD
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VPT
Name: DASILVA, KEVIN G VPTREA
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VPD
Name: NICOLELLA, MATTHEW J VPDIR
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VPD
Name: KUPFERSCHMID, GEOFFREY VPDIR
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VP
Name: DOCKENDORFF, CHARLES J VP
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

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: JOHN W. KAPPLES SEC 03/20/2012

Electronic Signature of Signing Officer or Director Date