2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-10-2002 90024 024 ***150.00

DOCUMENT # F99000001542

1. Entity Name
MINIMED INC.

Principal Place of Business	Mailing Address
18000 DEVONSHIRE ST NORTHRIDGE CA 91325	18000 DEVONSHIRE ST NORTHRIDGE CA 91325

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-4408171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name C.T. Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324

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 Cathie Duel, Cathie Duel, Asst. Secy. 6/21/02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MANN, ALFRED E 18000 DEVONSHIRE ST NORTHRIDGE CA 91325 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, SECRETARY DAVID J. SCOTT 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MINNESOTA 55432-5604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERNOF, DAVID M.D. 18000 DEVONSHIRE ST NORTHRIDGE CA 91325 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, CFO ROBERT L. RYAN 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MINNESOTA 55432-5604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CAROLYNE K 18000 DEVONSHIRE ST NORTHRIDGE CA 91325 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GARY L. ELLIS 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MINNESOTA 55432-5604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, WILLIAM R 18000 DEVONSHIRE ST NORTHRIDGE CA 91325 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GREGG, TERRANCE H 18000 DEVONSHIRE ST NORTHRIDGE CA 91325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TERRANCE H. GREGG 18000 DEVONSHIRE STREET NORTHRIDGE, CALIFORNIA 91325 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACCALLUM, DAVID H 18000 DEVONSHIRE ST NORTHRIDGE CA 91325 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Terrance H. Gregg, President 4-5-02 818-362-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)