## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001542

Entity Name: MEDTRONIC MINIMED, INC.

FILED Jan 05, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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18000 DEVONSHIRE ST ATTENTION: LORI SNELL, LEGAL DEPT. NORTHRIDGE, CA 91325

**Current Mailing Address: New Mailing Address:** 

18000 DEVONSHIRE ST ATTENTION: LORI SNELL, LEGAL DEPT. NORTHRIDGE, CA 91325

FEI Number: 95-4408171 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

Title:

SZYMAN, CATHERINE Name: 18000 DEVONSHIRE STREET Address: City-St-Zip: NORTHRIDGE, CA 91325

Title: CFOD Name: ELLIS, GARY

710 MEDTRONIC PARKWAY NE Address: MINNEAPOLIS, MN 554325604 City-St-Zip:

Title: D VP

FINDLAY, D. CAMERON Name: 710 MEDTRONIC PARKWAY NE Address: City-St-Zip: MINNEAPOLIS, MN 554325604

Title: VΡ

ALBERT, PHILIP Name:

Address: 710 MEDTRONIC PARKWAY NE City-St-Zip: MINNEAPOLIS, MN 55432

Title: VΡ

Name: GEISMAR, ERIC P Address: 18000 DEVONSHIRE ST City-St-Zip: NORTHRIDGE, CA 91325

Title:

Name: SKEFFINGTON, KENYA 710 MEDTRONIC PARKWAY NE Address: 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.

VΡ SIGNATURE: ERIC P. GEISMAR 01/05/2011