SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:16

DOCUMENT # **P35628** **(7)**

1. Corporation Name
ST. JUDE MEDICAL S.C., INC.

Principal Place of Business	Mailing Address
ONE LILLEHEI PLAZA ST. PAUL MN 55117	ONE LILLEHEI PLAZA ST. PAUL MN 55117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1991	3a. Date of Last Report: 03/22/1994
4. FEI Number: 41-1625029	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VD	☒ Change ☐ Addition
NAME	MATRICARIA, RONALD A.	12 NAME	Wilson, Stephen L.	
STREET ADDRESS	62 W. PLEASANT LAKE RD.	13 STREET ADDRESS	2 Blue Jay	
CITY-ST-ZIP	NORTH OAKS MN	14 CITY-ST-ZIP	North Oaks, MN 55127	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	JORDAN, J GARY	22 NAME		
STREET ADDRESS	1822 INTERLACHEN ALCOVE	23 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY MN	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	JOHNSON, DIANE M.	32 NAME	Johnson, Diane M.	
STREET ADDRESS	1226 EDGCUMBE ROAD	33 STREET ADDRESS	675 Linda Vista Ave	
CITY-ST-ZIP	ST. PAUL MN	34 CITY-ST-ZIP	Pasadena, CA 91105	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	WILSON, STEPHEN L.	42 NAME	Krentz, Jan E.	
STREET ADDRESS	2 BLUE JAY LANE	43 STREET ADDRESS	4 Raven Rd.	
CITY-ST-ZIP	NORTH OAKS MN	44 CITY-ST-ZIP	North Oaks, MN 55127	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jan E. Krentz Jan E. Krentz Tax Director 6/7/95 (612)483-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182000 FN