FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P35628 (7)

1. Corporation Name

ST. JUDE MEDICAL S.C., INC.

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

Mailing Address
ONE LILLEHEI PLAZA
ST. PAUL MN 55117

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 06/21/1995
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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: N/A
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 ______

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	WILSON, STEPHEN L	
STREET ADDRESS	2 BLUE WAY	
CITY-ST-ZIP	NORTH OAKS MN 55127	
TITLE	DP	☒ DELETE
NAME	JORDAN, J GARY	
STREET ADDRESS	1822 INTERLACHEN ALCOVE	
CITY-ST-ZIP	WOODBURY MN	
TITLE	S	☒ DELETE
NAME	JOHNSOPN, DIANE M	
STREET ADDRESS	675 LINDA VISTA AVE	
CITY-ST-ZIP	PASADENA CA	
TITLE	TD	☒ DELETE
NAME	KRENTZ, JAN E	
STREET ADDRESS	4 RAVEN RD	
CITY-ST-ZIP	NORTH OAKS MN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME	Patrick O'Neill	
1.3 STREET ADDRESS	11300 48th Ave No.	
1.4 CITY-ST-ZIP	Plymouth, MN 55442	
2.1 TITLE	DP	☒ Change ☐ Addition
2.2 NAME	Terry L. Shepard	
2.3 STREET ADDRESS	1370 Meadow Avenue	
2.4 CITY-ST-ZIP	Shoreview, MN 55126	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Kevin T. O'Malley	
3.3 STREET ADDRESS	3037 Edgewater Place	
3.4 CITY-ST-ZIP	Woodbury, MN 55125	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	Jan E. Krentz	
4.3 STREET ADDRESS	4 Raven Road	
4.4 CITY-ST-ZIP	North Oaks, MN 55127	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Stephen L. Wilson	
5.3 STREET ADDRESS	2 Blue Jay Lane	
5.4 CITY-ST-ZIP	North Oaks, MN 55127	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, TREASURER 5/10/96 (612) 483-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)