

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55117-1781**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc		26 ONE LILLEHEI PLAZA		09/23/1991		05/21/1996	
22 City & State		27 ATTN: TAX DEPT		4. FEI Number		Applied For	
23 Zip		28 ST. PAUL, MN		41-1625029		Not Applicable	
24 Country		29 55117		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 USA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, PATRICK	1.2 NAME	
STREET ADDRESS	11300 48TH AVE NO.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH MN	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, TERRY L	2.2 NAME	SHEPHERD, TERRY L.
STREET ADDRESS	1370 MEADOW AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHOREVIEW MN	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MALLEY, KEVIN T	3.2 NAME	
STREET ADDRESS	3037 EDGEWATER PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBURG MN	3.4 CITY - ST - ZIP	WOODBURY, MN
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KVENTZ, JAN E	4.2 NAME	KRENTZ, JAN E.
STREET ADDRESS	4 RAVEN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH OAKS MN	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, STEPHEN L	5.2 NAME	
STREET ADDRESS	2 BLUE JAY LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH OAKS MN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	PATRICK FOURTEAU
CITY - ST - ZIP		6.4 CITY - ST - ZIP	644 TIGERTAIL ROAD LOS ANGELES, CA 90049

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan E. Krentz **REQUIRED TREASURER**

5/1/97

Date

(412) 483-2000

Daytime Phone #