

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 16 1998 8:00am
 Secretary of State

07-1-2000

PROFIT CORPORATION ANNUAL REPORT 1998		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 1 LILLEHEI PLAZA ATTN TAX DEPT ST. PAUL MN 55117 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/23/1991	
4. FEI Number 41-1625029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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

B1. Name	N/A
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL
B5. 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 _____ (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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, TERRY L	2.2 NAME	
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 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	WOODBURY MN	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRENTZ, JAN E	4.2 NAME	
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 checked="" type="checkbox"/> Addition
NAME	WILSON, STEPHEN L	5.2 NAME	<i>See Attachment</i>
STREET ADDRESS	2 BLUE JAY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH OAKS MN	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOURTEAU, PATRICK	6.2 NAME	<i>See Attachment</i>
STREET ADDRESS	644 TIGERTAIL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	

14. 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 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* REQUIRED Treasurer 7/6/98 (612) 483-2000

CR2E034 (5/98)

St. Jude Medical S.C., Inc.
41-1625029

Corporate Officers/ Directors

<u>Title</u>	<u>Name</u>	<u>Residential Address</u>	<u>Business Address</u>
President/ Director	Terry L. Shepherd	1370 Meadow Ave Shoreview, MN 55126	One Lillehei Plaza St. Paul, MN 55117
Secretary/ Director	Kevin T. O'Malley	3037 Edgewater Place Woodbury, MN 55125	One Lillehei Plaza St. Paul, MN 55117
Treasurer	Jan E. Krentz	4 Raven Road North Oaks, MN 55127	One Lillehei Plaza St. Paul, MN 55117
Vice President	Steven J. Healy	4155 Primrose Path Vadnais Hts, MN 55127	One Lillehei Plaza St. Paul, MN 55117
Vice President	Richard Ames	24956 Normanis Way Calabasas, CA 91302	One Lillehei Plaza St. Paul, MN 55117
Vice President	Robert E. Munzenrider	11124 Mill Run Minnetonka, MN 55305	One Lillehei Plaza St. Paul, MN 55117
Vice President/ Director	John P. Bardusco	245 Cedar Drive West Hudson, WI 54016	One Lillehei Plaza St. Paul, MN 55117
Vice President	Daniel J. Starks	7880 County Road #26 Maple Plain, MN 55359	One Lillehei Plaza St. Paul, MN 55117