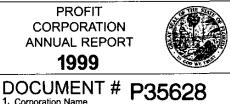
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90004 044 \*\*\*150.00

ST. JUD	E MEDICAL S.C., INC.							
Principal Place	e of Business	Mailing Address	-			T COMPANDO FOR THIS DIVID BAND HAND (AND DATA) O	IDII 87811 0181	Q
ONE LILLEHEI I ST. PAUL MN 5		1 LILLEHEI PLAZA ATTN TAX DEPT ST. PAUL MN 55117 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/23/1991		
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For
21 26						41-1625029		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22						5. Certificate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	<b>0</b> May Be
23						Trust Fund Contribution	Added	to Fees
Zip	Zip Country Zip			ntry		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent	_
07.0	CORPORATION OVOTEN			81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLAN	NIATION FL 33324			83				ļ
				84	City	FL	85 Zij	Code
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Fk	authorized orida Stati	i by i	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing i	ts registered registered
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13,	Agent	t signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECT	ORS IN 12
TITLE	DP OFFICERS AT	DELETE	1.1 TB	LE.			Change	
NAME	SHEPHERD, TERRY L		1.2 NA					
STREET ADDRESS	1370 MEADOW AVENUE				ADDRESS			
CITY-ST-ZIP	SHOREVIEW MN							
TITLE	SD DELETE		_	1.4 CITY-ST-ZIP 2.1 TITLE			Change	e Addition
NAME	3D		2.2 NA	ME				
STREET ADDRESS	O MALLET, REVIEW 1				ADDRESS			
CITY-ST-ZIP	WOODBURY MN		2. 4 C					
TITLE			3.1 TIT		<u> </u>		Change	e Addition
NAME	•		3.2 NA	ME	1			ł
STREET ADDRESS	4 DAVEN BOAD		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	NORTH OAKS MN		3.4. C	ITY-S	T- ZIP			
TITLE	VP						☐ Chang	e Addition
NAME	HEALEY, STEVEN J		4. 2 N	AME				-
STREET ADDRESS	4155 PRIMROSE PATH		4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	VADNAIS HTS MN 55127		4.4 CITY-		r-ZIP			
TITLE	VP	☐ DELETE	5.1 TITLE				☐ Chang	e Addition
NAME	AMES, RICHARD		5.2 NA	ME				
STREET ADDRESS	24956 NORMANIS WAY		5.3 ST	REET	ADDRESS			İ
CITY-ST-ZIP	CALABASAS CA 913025		5.4 CI		r-ZIP			
TITLE		☐ DELETE	6.1 TF				Change	e
NAME			6.2 NA					\
STREET ADDRESS					ADDRESS			ł
O(T)/ OT 710			6.4 CI	TY-ST	7.7IP			1

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

(51)483-2000