

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90100 038 \*\*\*150.00

17a.7a.1 A1

**DOCUMENT # P35628**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-1625029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
 NAME **SHEPHERD, TERRY L**  
 STREET ADDRESS **1370 MEADOW AVENUE**  
 CITY-ST-ZIP **SHOREVIEW MN**

TITLE **P** ☐ Change ☐ Addition  
 NAME **MICHAEL T. ROSSEAU**  
 STREET ADDRESS **11 MARLBORO LANE**  
 CITY-ST-ZIP **BELL CANYON, CA 91307**

TITLE **SD** ☐ Delete  
 NAME **O'MALLEY, KEVIN T**  
 STREET ADDRESS **3037 EDGEWATER PLACE**  
 CITY-ST-ZIP **WOODBURY MN**

TITLE **V/S** ☒ Change ☐ Addition  
 NAME **V/S**  
 STREET ADDRESS **55125**  
 CITY-ST-ZIP **55125**

TITLE **T** ☐ Delete  
 NAME **KRENTZ, JAN E**  
 STREET ADDRESS **4 RAVEN ROAD**  
 CITY-ST-ZIP **NORTH OAKS MN**

TITLE **V/T** ☒ Change ☐ Addition  
 NAME **V/T**  
 STREET ADDRESS **55127**  
 CITY-ST-ZIP **55127**

TITLE **VP** ☐ Delete  
 NAME **HEALEY, STEVEN J**  
 STREET ADDRESS **4155 PRIMROSE PATH**  
 CITY-ST-ZIP **VADNAIS HTS MN 55127**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
 NAME **AMES, RICHARD**  
 STREET ADDRESS **24956 NORMANIS WAY**  
 CITY-ST-ZIP **CALABASAS CA 91302**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jan E. Krentz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)