


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P35628 1. Entity Name ST. JUDE MEDICAL S.C., INC.	
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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



03102004 No Chg-P CR2E034 (10/03)

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. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election, Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSSEAU, MICHAEL T 11 MARLBORO LANE BELL CANYON, CA 91307
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS O'MALLEY, KEVIN T 3037 EDGEWATER PLACE WOODBURY, MN 55125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT KRENTZ, JAN E 4 RAVEN ROAD NORTH OAKS, MN 55127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SONG, JANE 6312 MARINA PLACE LONG BEACH, CA 90803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AMES, RICHARD 24956 NORMANIS WAY CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FAIN, ERIC 10 PRINCETON RD MENLO PARK, CA 94025

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 04/05/04-80042-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Jan E. Krentz Jan E. Krentz, Treasurer 3/11/04 (650) 481-7597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #