2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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

04242006 No Chg-P CR2E034 (11/05)

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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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/28/06 651-481-7097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #