

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35628

FILED
Feb 26, 2010
Secretary of State

Entity Name: ST. JUDE MEDICAL S.C., INC.

Current Principal Place of Business:

ONE LILLEHEI PLAZA
ST. PAUL, MN 55117

New Principal Place of Business:

ONE ST. JUDE MEDICAL DRIVE
ST. PAUL, MN 55117

Current Mailing Address:

1 LILLEHEI PLAZA
ATTN TAX DEPT
ST. PAUL, MN 55117 US

New Mailing Address:

ONE ST. JUDE MEDICAL DRIVE
ST. PAUL, MN 55117

FEI Number: 41-1625029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: ROUSSEAU, MICHAEL
Address: 807 LAS CLIMAS PARKWAY, SUITE 400
City-St-Zip: AUSTIN, TX 78746

Title: VS
Name: KROP, PAMELA S
Address: ONE ST JUDE MEDICAL DRIVE
City-St-Zip: SAINT PAUL, MN 55117

Title: VT
Name: HEINMILLER, JOHN
Address: ONE ST. JUDE MEDICAL DRIVE
City-St-Zip: SAINT PAUL, MN 55117

Title: VAS
Name: LADNER, JAMES W.A.
Address: ONE ST. JUDE MEDICAL DRIVE
City-St-Zip: SAINT PAUL, MN 55117

Title: SV
Name: GRUBIAK, JOHN
Address: 807 LAS CIMAS PKWY
City-St-Zip: AUSTIN, TX 78746

Title: VGC
Name: BAE, PAUL
Address: 807 LAS CIMAS PKWY
City-St-Zip: AUSTIN, TX 78746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA S. KROP

VS

02/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date