2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35628

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

FILED Feb 18, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE ST. JUDE MEDICAL DRIVE 807 LAS CIMAS PARKWAY ST. PAUL, MN 55117

SUITE 400

AUSTIN, TX 78746

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title:

ROUSSEAU, MICHAEL Name:

807 LAS CIMAS PARKWAY, SUITE 400 Address:

City-St-Zip: AUSTIN, TX 78746

Title: ٧S

Name: KROP PAMELAS

ONE ST JUDE MEDICAL DRIVE Address: SAINT PAUL, MN 55117 City-St-Zip:

Title:

HEINMILLER, JOHN Name:

ONE ST. JUDE MEDICAL DRIVE Address:

City-St-Zip: SAINT PAUL, MN 55117

Title: VAS

ZURBAY, DONALD J. Name:

Address: ONE ST. JUDE MEDICAL DRIVE

City-St-Zip: SAINT PAUL, MN 55117

Title: sv

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

Title: VGC Name: BAE, PAUL

807 LAS CIMAS PKWY Address: 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 02/18/2011