

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35628

FILED
Mar 20, 2012
Secretary of State

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

Current Principal Place of Business:

807 LAS CIMAS PARKWAY
SUITE 400
AUSTIN, TX 78746

New Principal Place of Business:

6300 BEE CAVE ROAD
BUILDING TWO, SUITE 100
AUSTIN, TX 78746

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: BECKER, JOEL
Address: 6300 BEE CAVE ROAD, BLD TWO, SUITE 100
City-St-Zip: AUSTIN, TX 78746

Title: VS
Name: ZELLERS, JASON
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: ZURBAY, DONALD J.
Address: ONE ST. JUDE MEDICAL DRIVE
City-St-Zip: SAINT PAUL, MN 55117

Title: SV
Name: POWELL, JEFF
Address: 6300 BEE CAVE ROAD, BLD TWO, STE 100
City-St-Zip: AUSTIN, TX 78746

Title: VGC
Name: BAE, PAUL
Address: 6300 BEE CAVE ROAD, BLD TWO, STE 100
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: JASON ZELLERS

SEC

03/20/2012

Electronic Signature of Signing Officer or Director

Date