

1.) CORPORATION NAME:

Covidien Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **10/31/2011**

SCC ID NO: **F1355942**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 HAMPSHIRE ST

CITY/ST/ZIP: MANSFIELD, MA 02048-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN W KAPPLES
TITLE: VP/S/D
ADDRESS: 15 HAMPSHIRE STREET
CITY/ST/ZIP/CO: MANSFIELD, MA 02048-

OFFICER

DIRECTOR

NAME: MATTHEW J NICOLELLA
TITLE: VP/ASST S/D
ADDRESS: 15 HAMPSHIRE STREET
CITY/ST/ZIP/CO: MANSFIELD, MA 02048-

OFFICER

DIRECTOR

NAME: JOHN H MASTERSON
TITLE: PRESIDENT
ADDRESS: 15 HAMPSHIRE STREET
CITY/ST/ZIP/CO: MANSFIELD, MA 02048-

OFFICER

DIRECTOR

NAME: GEOFFREY KUPFERSCHMID
TITLE: DIRECTOR
ADDRESS: 15 HAMPSHIRE STREET
CITY/ST/ZIP/CO: MANSFIELD, MA 02048-

OFFICER

DIRECTOR

NAME: KEVIN G SILVA
TITLE: TREASURER
ADDRESS: 15 HAMPSHIRE STREET
CITY/ST/ZIP/CO: MANSFIELD, MA 02048-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOHN W KAPPLES</u>	<u>JOHN W KAPPLES, VP/S/D</u>	<u>10/17/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.