

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214502848

1.) CORPORATION NAME:

MEDTRONIC SOFAMOR DANEK USA, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1412313**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 SOFAMOR DANEK DR

CITY/ST/ZIP: MEMPHIS, TN 38132

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOUG KING		
TITLE:	PRESIDENT		
ADDRESS:	2600 SOFAMOR DANEK DR.		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38132		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY ELLIS		
TITLE:	PRESIDENT		
ADDRESS:	710 MEDTRONIC PARKWAY		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55432		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN W. ELLIS		
TITLE:	ASST. SECRETARY		
ADDRESS:	2600 SOFAMOR DANEK DR.		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38132		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Douglas A. Hoekstra		
TITLE:	VICE PRESIDENT		
ADDRESS:	710 Medtronic Parkway		
CITY/ST/ZIP/CO:	Minneapolis, MN 55432		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Linda A. Harty		
TITLE:	VICE PRESIDENT		
ADDRESS:	710 Medtronic Parkway		
CITY/ST/ZIP/CO:	Minneapolis, MN 55432		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Philip J. Albert		
TITLE:	VICE PRESIDENT		
ADDRESS:	710 Medtronic Parkway		
CITY/ST/ZIP/CO:	Minneapolis, MN 55432		

NAME: Keyna P. Skeffington TITLE: VICE PRESIDENT ADDRESS: 710 Medtronic Parkway CITY/ST/ZIP/CO: Minneapolis, MN 55432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: Anne M. Ziebell TITLE: ASST SECRETARY ADDRESS: 710 Medtronic Parkway CITY/ST/ZIP/CO: Minneapolis, MN 55432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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.

/s/ BRIAN W. ELLIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN W. ELLIS, ASST. SECRETARY PRINTED NAME AND CORPORATE TITLE	1/7/2014 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.