

1.) CORPORATION NAME:

**MEDTRONIC SOFAMOR DANEK USA, INC.**

DUE DATE: **2/29/2016**

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.

NAME: DOUG KING TITLE: PRESIDENT ADDRESS: 2600 SOFAMOR DANEK DR. CITY/ST/ZIP/CO: MEMPHIS, TN 38132	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GARY ELLIS TITLE: VP/CFO ADDRESS: 710 MEDTRONIC PARKWAY CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55432	<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 checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP J. ALBERT 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: 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: BRIAN W. ELLIS TITLE: ASST. SECRETARY ADDRESS: 2600 SOFAMOR DANEK DR. CITY/ST/ZIP/CO: MEMPHIS, TN 38132	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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
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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	12/23/2015 DATE
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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.