

1.) CORPORATION NAME:

Amplatz Medical Sales Corporation

DUE DATE: **5/31/2011**

SCC ID NO: **F1668757**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5050 NATHAN LANE N

CITY/ST/ZIP: PLYMOUTH, MN 55442-

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 R BARR
TITLE: PRESIDENT
ADDRESS: 5050 NATHAN LANE N
CITY/ST/ZIP/CO: PLYMOUTH, MN 55442-

OFFICER

DIRECTOR

NAME: PETER V ROTHER
TITLE: ASST SECRETARY
ADDRESS: 5050 NATHAN LANE N
CITY/ST/ZIP/CO: PLYMOUTH, MN 55442-

OFFICER

DIRECTOR

NAME: JAN E KRENTZ
TITLE: TREASURER
ADDRESS: ONE ST JUDE MEDICAL DRIVE
CITY/ST/ZIP/CO: ST PAUL, MN 55117-

OFFICER

DIRECTOR

NAME: JOHN C HEINMILLER
TITLE: PRESIDENT
ADDRESS: ONE ST JUDE MEDICAL DRIVE
CITY/ST/ZIP/CO: ST PAUL, MN 55117-

OFFICER

DIRECTOR

NAME: PAMELA KROP
TITLE: PRESIDENT
ADDRESS: ONE ST JUDE MEDICAL DRIVE
CITY/ST/ZIP/CO: ST PAUL, MN 55117-

OFFICER

DIRECTOR

OFFICER DIRECTOR

NAME: DONALD J ZURBAY
TITLE: PRESIDENT
ADDRESS: ONE ST JUDE MEDICAL DRIVE
CITY/ST/ZIP/CO: ST PAUL, MN 55117-

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/ JOHN R BARR	JOHN R BARR, PRESIDENT	5/9/2011
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.