

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213546659
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1.) CORPORATION NAME: St. Jude Medical S.C., Inc.	DUE DATE: 11/30/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F1808163				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: MN					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 BEE CAVE ROAD
BLDG 2 STE 100

CITY/ST/ZIP: AUSTIN, TX 78746

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: JOEL BECKER TITLE: PRESIDENT ADDRESS: 6300 BEE CAVE ROAD CITY/ST/ZIP/CO: AUSTIN, TX 78746		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN C HEINMILLER TITLE: VP, TREA ADDRESS: ONE ST JUDE MEDICAL DRIVE CITY/ST/ZIP/CO: ST PAUL, MN 55117		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAN E KRENTZ TITLE: VP, ASST TREA ADDRESS: ONE ST JUDE MEDICAL DRIVE CITY/ST/ZIP/CO: ST PAUL, MN 55117		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASON ZELLERS TITLE: VP/S ADDRESS: ONE ST JUDE MEDICAL DRIVE CITY/ST/ZIP/CO: ST PAUL, MN 55117		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER SPADARO TITLE: VICE PRESIDENT ADDRESS: 807 CIMAS PARKWAY SUITE 400 CITY/ST/ZIP/CO: AUSTIN, TX 87746		

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/ JASON ZELLERS	JASON ZELLERS, VP/S	10/7/2013
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.