

No. C 127748		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. UNITED STATES SURGICAL CORPORATION CHERYL L COPELAND-LEWIS 15 HAMPSHIRE STREET MANSFIELD MA 02048		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	CHRIS BARRY	555 LONG WHARF DRIVE	NEW HAVEN	CT	USA	06511
SECRETARY	KEYNA P SKEFFINGTON	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
TREASURER	LINDA HARTY	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
DIRECTOR	PHILIP J ALBERT	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
DIRECTOR	LINDA HARTY	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
DIRECTOR	KEYNA P SKEFFINGTON	710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
5. Organized Under the Laws of: DE C 127748		6. Annual Report must be signed.* Signature: Cheryl L Copeland-Lewis Name (type or print): Cheryl L Copeland-Lewis Date: 04/02/2015 Title: Employee				
Processed 04/02/2015		* Electronically provided signatures are accepted as original signatures.				