

No. 064006	Idaho Corporation Annual Report Form		2. Registered Agent and Office
Return To	Due No Later Than November 1, 1988		
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 064006		
SEC. OF STATE	CARDIAC PACEMAKERS, INC.		C T CORPORATION SYSTEM
AUG 1 PM 2 02	JAMES L. FLICKINGER		300 NORTH 6TH STREET
	4100 NORTH HAMLINE AVENUE		BOISE, IDAHO
	ST. PAUL, MINNESOTA		83701
	55112		3. Incorporated Under The Laws of
4. Names and Addresses of Officers and Directors			STATE OF MINNESOTA
President:	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Secretary:			
Directors:			
SEE SCHEDULE ATTACHED			
<div style="text-align: right;">ENTERED AUG 5 1988</div>			
development, manufacturing and marketing of electronic or other medical devices and related equipment and all other			
it has been examined by me and is to the best of my knowledge			
Signature		Date July 28, 1988	
Name (Typed or Printed)		Title V.P. Finance	

Signature

Name (Typed or Printed)

James L. Flickinger

Date

Title

Name

Vaughn D. Bryson
Lilly Corporate Center
Indianapolis, Indiana 46285

Robert G. Hauser
1450 Tanglewood Road South
Long Lake, Minnesota 55356

Robert L. Larson
5954 Royal Oak Drive
Shoreview, Minnesota 55126

James L. Flickinger
5750 Royal Oaks Drive
Shoreview, Minnesota 55126

Jon K. Swanson
7932 Perry Avenue North
Minneapolis, Minnesota 55443

Jon C. Lee
5223 Green Farms Court
Edina, Minnesota 55436

Ted P. Adams
4202 Sunnyside Road
Edina, Minnesota

Stuart E. Rickerson
100 Second Street S.E., #1102
Minneapolis, MN 55414

Lee H. Gery
Lilly Corporate Center
Indianapolis, Indiana 46285

Dale K. Lewis
Lilly Corporate Center
Indianapolis, Indiana 46285

Office

Chairman of the Board of Directors

President and Chief Executive Officer

Vice President of Manufacturing

Vice President of Finance, Treasurer
and Chief Financial Officer

Vice President of Product Assurance
and Regulatory Affairs

Vice President of Sales and Marketing

Vice President of Research and
Development

Secretary

Assistant Treasurer

Assistant Secretary

- A. Please correct any pre-printed info
- B. You may change the information if
address must be the physical loca
any necessary changes on the for
- C. You must enter complete informati
- D. This report must be signed by an
agent or attorney is NOT sufficient
- E. Return completed annual report for