



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000156050

**2. Name of Corporation** Amplatz Medical Sales Corporation

**3. Street Address Principal Business Office:**

No. and Street: 5050 NATHAN LANE NORTH

City or Town: PLYMOUTH

State: MN

Zip: 55442

Country: USA

**4. Business Phone No.**

763-513-9227

**5. State of Incorporation**

State: MN

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MEDICAL DEVICE SALES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN R BARR	5050 NATHAN LANE N PLYMOUTH, MN 55442 USA
TREASURER	JAN E KRENZ	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55117 USA
SECRETARY	PAMELA KROPP	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55442 USA
ASSISTANT SECRETARY	PETER V ROTHER	5050 NATHAN LANE N PLYMOUTH, MN 55442 USA
VICE PRESIDENT	JOHN C HEINMILLER	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55117 USA
VICE PRESIDENT	DONALD J. ZURBAY	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55442 USA
DIRECTOR	JOHN C HEINMILLER	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55117 USA
DIRECTOR	DONALD J ZURBAY	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55117 USA
DIRECTOR	PAMELA S. KROPP	ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55117 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	10,000.00	10000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 31 Day of January, 2011 at 3:31:43 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOHN R. BARR  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

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