

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004566

Entity Name: CARDIOVASCULAR SYSTEMS, INC.**Current Principal Place of Business:**1225 OLD HIGHWAY 8 NW
ST. PAUL, MN 55112**Current Mailing Address:**1225 OLD HIGHWAY 8 NW
ST. PAUL, MN 55112 US**FEI Number:** 41-1698056**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT, DIRECTOR
Name WARD, SCOTT R
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title DIRECTOR
Name BARTOS, SCOTT
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title DIRECTOR
Name BLACKKEY, BRENT
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title DIRECTOR
Name BROWN, EDWARD
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title COO
Name RHONDA, ROBB J
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title GENERAL COUNSEL, SECRETARY
Name ROSENSTEIN, ALEXANDER
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title VP, ADMINISTRATION
Name BETTERLEY, LAURENCE L
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title DIRECTOR
Name COHN, WILLIAM E M.D.
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY S. POINTS**CFO****03/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAWLOR, AUGUSTINE
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title CHIEF TALENT OFFICER
Name GILLUND, LAURA J
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title CFO
Name POINTS, JEFF S.
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title VP, CORPORATE DEVELOPMENT & IP
Name WHITESCARVER, DAVID S.
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title DIRECTOR
Name ARONSON, MARTHA
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title CHIEF COMPLIANCE OFFICER
Name SEDO, SANDRA M
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title VP, MEDICAL AFFAIRS
Name EGELAND, RYAN D.
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112

Title VP, OPERATIONS &
Name HASTINGS, JOHN M.
Address 1225 OLD HIGHWAY 8 NW
City-State-Zip: ST. PAUL MN 55112