

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004566

**Entity Name:** CARDIOVASCULAR SYSTEMS, INC.**Current Principal Place of Business:**1225 OLD HWY 8 NW  
ST. PAUL, MN 55112**Current Mailing Address:**1225 OLD HWY 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 STENBECK, STEPHEN  
Address 1225 OLD HIGHWAY 8 NW  
City-State-Zip: ST. PAUL MN 55112

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

Title DIRECTOR  
Name LAWLOR, AUGUSTINE  
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 CFO  
Name POINTS, JEFFREY S.  
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****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   CHIEF MEDICAL OFFICER  
Name                 CHAMBERS, JEFFREY W. M.D.  
Address             1225 OLD HIGHWAY 8 NW  
City-State-Zip:   ST. PAUL MN 55112