

2006 FOR PROFIT CORPORATION ANNUAL REPORT


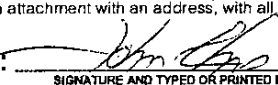
FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90003 001 ***150.00

50020450



04272006 Chg-P CR2E034 (11/05)

DOCUMENT # F0000003148					
1. Entity Name SPECTRALINK CORPORATION					
Principal Place of Business 5755 CENTRAL AVENUE BOULDER, CO 80301			Mailing Address 5755 CENTRAL AVENUE BOULDER, CO 80301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-1141188	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELMS, JOHN H		NAME		
STREET ADDRESS	5755 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80301		CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENTHAL, DAVID I		NAME		
STREET ADDRESS	5755 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEY, JILL		NAME		
STREET ADDRESS	5755 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLISS, GARY		NAME		
STREET ADDRESS	5755 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY, JOHN		NAME		
STREET ADDRESS	5755 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARMAN, CARL		NAME		
STREET ADDRESS	7400B COUNTY ROAD 146		STREET ADDRESS		
CITY-ST-ZIP	PAGOSA SPRINGS, CO 81147		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		John Elms		5/12/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				303-440-5330	