

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-02-2006 90003 001 ***150.00

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04272006 Chg-P CR2E034 (11/05)

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|--|--------------------------|--|---|--|-----------------------------------|
| DOCUMENT # F00000003148 | | | | | |
| 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 | |
| Applied For | | Not Applicable | | | |
| Zip | Country | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # 303-440-5330 | |