


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000000507</b>	
1. Entity Name ANGIODYNAMICS, INC.	

Principal Place of Business 603 QUEENSBURY AVE QUEENSBURY, NY 12804	Mailing Address 603 QUEENSBURY AVE QUEENSBURY, NY 12804
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01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3146460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOBBS, EAMONN P 61 FITZGERALD RD QUEENSBURY, NY 12804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP APPLING, WILLIAM M 8291 STATE ROUTE 40 GRANVILLE, NY 12832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC GERARDI, JOSEPH G 25 KETTLES WAY QUEENSBURY, NY 12804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRA KUNST, BRIAN S 42 HORICON AVE GLENS FALLS, NY 12801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MAPES, HAROLD C 16 SWEETBRIAR LANR QUEENSBURY, NY 12804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM ROSSELL, ROBERT M 13 BROOKSHIRE TRACE QUEENSBURY, NY 12804

U00000408179  
02/08/06-80049-018 150.00

**DO NOT WRITE  
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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:**  **(Joseph Gerardi)** **VP-CFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **01/25/06** Daytime Phone # **518-798-1215**