


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000003227 1. Entity Name THE SPECTRANETICS CORPORATION	
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Principal Place of Business 96 TALAMINE CT. COLORADO SPRINGS, CO 80907	Mailing Address 96 TALAMINE CT. COLORADO SPRINGS, CO 80907
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04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-0997049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHULTE, JOHN G 96 TALAMINE CT COLORADO SPRINGS, CO 80907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOND, CORNELIUS C JR. 96 TALAMINE COURT COLORADO SPRINGS, CO 80907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHILDS, GUY A 96 TALAMINE CT COLORADO SPGS, CO 80907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUGGIO, JOSEPH M M.D. 3150 BRISTOL ST, STE 150 COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GEISENHEIMER, EMILE J 52 VANDERBILT AVE, #1007 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HART, MARTIN T 2401 2ND AVE, #250 DENVER, CO 80206

**DO NOT WRITE
IN THIS SPACE**

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05/09/06-80043-015 150.00

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 fees empowered

SIGNATURE:  **4/20/06** **719-633-8333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De./me Phone #