

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000214

1. Corporation Name

MICRO THERAPEUTICS, INC.

Principal Place of Business

1062 CALLE NEGOCIO, #F
SAN CLEMENTE CA 92673
US

Mailing Address

1062 CALLE NEGOCIO, #F
SAN CLEMENTE CA 92673
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

4. FEI Number

33-0569235

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2 Goodyear

2a. Mailing Address

26 2 Goodyear

Suite, Apt. #, etc.

27

City & State

28 Irvine, CA

Zip

29 92618

Country

30 USA

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE CEO
NAME WALLACE, GEORGE
STREET ADDRESS 1062 CALLE NEGOCIO, #F
CITY-ST-ZIP SAN CLEMENTE CA 92673

TITLE CFO
NAME HURWITZ, HAROLD A
STREET ADDRESS 1062 CALLE NEGOCIO, #F
CITY-ST-ZIP SAN CLEMENTE CA 92673

TITLE EV
NAME GEARHART, WILLIAM
STREET ADDRESS 1062 CALLE NEGOCIO, #F
CITY-ST-ZIP SAN CLEMENTE CA 92673

TITLE V
NAME MCLAIN, WILLIAM M
STREET ADDRESS 1062 CALLE NEGOCIO, #F
CITY-ST-ZIP SAN CLEMENTE CA 92673

TITLE V
NAME GEHRICH, JOHN L PHD
STREET ADDRESS 1062 CALLE NEGOCIO, #F
CITY-ST-ZIP SAN CLEMENTE CA 92673

TITLE S
NAME FEUCHTER, BRUCE
STREET ADDRESS 660 NEWPORT CENTER DRIVE, SUITE 1600
CITY-ST-ZIP NEWPORT BEACH CA 92660

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

2 Goodyear
IRVINE, CA 92618

☒ Change ☐ Addition

Same as above

☒ Change ☐ Addition

Same as above

☒ Change ☐ Addition

Same as above

☒ Change ☐ Addition

Vice President
Earl Slee
2 Goodyear
Irvine, CA 92618

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl Slee REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

(949) 837-3700

Daytime Phone #

CR2E034 (11/98)