

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000000214**

1. Entity Name  
**MICRO THERAPEUTICS, INC.**



Principal Place of Business  
**2 GOODYEAR  
IRVINE, CA 92618 US**

Mailing Address  
**2 GOODYEAR  
IRVINE, CA 92618 US**



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0569235**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WALLACE, GEORGE
STREET ADDRESS	2 GOODYEAR
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	CFO
NAME	HURWITZ, HAROLD A
STREET ADDRESS	2 GOODYEAR
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	CEOP
NAME	WILDER, THOMAS
STREET ADDRESS	2 GOODYEAR
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	S
NAME	FEUCHTER, BRUCE
STREET ADDRESS	660 NEWPORT CENTER DRIVE, SUITE 1600
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	C
NAME	CORBETT, JAMES
STREET ADDRESS	2 GOODYEAR
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000068618  
02/27/04-80048-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Harold A. Hurwitz **HAROLD A. HURWITZ** 2/19/04 (949) 837-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #