

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90581 029 \*\*\*150.00

**20037122**



02212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F98000000214</b> 1. Entity Name <b>MICRO THERAPEUTICS, INC.</b>					
Principal Place of Business <b>2 GOODYEAR</b> <b>IRVINE, CA 92618 US</b>			Mailing Address <b>2 GOODYEAR</b> <b>IRVINE, CA 92618 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip Country			City & State  Zip Country		
4. FEI Number <b>33-0569235</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLACE, GEORGE</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>HURWITZ, HAROLD A</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP</b> <b>WILDER, THOMAS</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FEUCHTER, BRUCE</b> <b>660 NEWPORT CENTER DRIVE, SUITE 1600</b> <b>NEWPORT BEACH, CA 92660</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CORBETT, JAMES</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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.					
<b>SIGNATURE:</b> <u>Thomas C Wilder III</u> <b>Thomas C Wilder III</b> <u>2-21-05</u> <u>949-837-3700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					