

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000214

Entity Name: MICRO THERAPEUTICS, INC.

FILED  
May 22, 2007  
Secretary of State

## Current Principal Place of Business:

9775 TOLEDO WAY  
IRVINE, CA 92618 US

## New Principal Place of Business:

## Current Mailing Address:

9600 54TH AVE NORTH  
SUITE 100  
PLYMOUTH, MN 55442 US

## New Mailing Address:

9600 54TH AVE NORTH  
ATTN: LEGAL DEPT.  
PLYMOUTH, MN 55442 US

FEI Number: 33-0569235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JENUSARITIS, MATTHEW  
Address: 9775 TOLEDO WAY  
City-St-Zip: IRVINE, CA 92618 US

Title: DT ( ) Delete  
Name: SPANGLER, PATRICK D  
Address: 9600 54TH AVE NORTH  
City-St-Zip: PLYMOUTH, MN 55442 US

Title: AS (X) Delete  
Name: FEUCHTER, BRUCE  
Address: 660 NEWPORT CENTER DRIVE, SUITE 1600  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D ( ) Delete  
Name: CORBETT, JAMES  
Address: 9775 TOLEDO WAY  
City-St-Zip: IRVINE, CA 92618

Title: S ( ) Delete  
Name: HINES, CECILY L  
Address: 9600 54TH AVE NORTH  
City-St-Zip: PLYMOUTH, MN 55442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KLEMZ, KEVIN M  
Address: 9600 54TH AVE NORTH  
City-St-Zip: PLYMOUTH, MN 55442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN M. KLEMZ

S

05/22/2007

Electronic Signature of Signing Officer or Director

Date