

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214556535

1.) CORPORATION NAME:

DUE DATE: 12/31/2014

Novocure Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: F1692500

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 195 COMMERCE WAY

CITY/ST/ZIP: PORTSMOUTH, NH 03801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ASAF DANZIGER		
TITLE:	PRESIDENT		
ADDRESS:	1500 BROADWAY, 29TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY LANGLOSS		
TITLE:	SECRETARY		
ADDRESS:	1500 BROADWAY		
CITY/ST/ZIP/CO:	29TH FLOOR NEW YORK, NY 10036		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL AMBROGI		
TITLE:	COO		
ADDRESS:	195 COMMERCE WAY		
CITY/ST/ZIP/CO:	PORTSMOUTH, NH 03801		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TODD LONGSWORTH		
TITLE:	ASST SECRETARY		
ADDRESS:	2 WEST LIBERTY BLVD, SUITE 110		
CITY/ST/ZIP/CO:	MALVERN, PA 19355		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM F DOYLE		
TITLE:	DIRECTOR		
ADDRESS:	1500 BROADWAY		
CITY/ST/ZIP/CO:	29TH FLOOR NEW YORK, NY 10036		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	YORAM PALT		
TITLE:	DIRECTOR		
ADDRESS:	1500 BROADWAY		
CITY/ST/ZIP/CO:	29TH FLOOR NEW YORK, NY 10036		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ TODD LONGSWORTH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TODD LONGSWORTH, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/6/2015</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.