

1.) CORPORATION NAME:

nContact Surgical, Inc.

DUE DATE: **11/30/2010**

SCC ID NO: **F1773151**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

INCORPORATING SERVICES LTD

7288 HANOVER GREEN DDR

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000
PREFER	12,157,433

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1001 AVIATION PKWY
STE 400

CITY/ST/ZIP: MORRISVILLE, NC 27560-

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.

NAME: JOHN P FUNKHOUSER OFFICER DIRECTOR
 TITLE: PRESIDENT/CEO
 ADDRESS: 1001 AVIATION PKWY STE 400
 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-

NAME: SIDNEY FLEISCHMAN OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1001 AVIATION PKWY STE 400
 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-

NAME: NATHALIE GREENE OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1001 AVIATION PKWY STE 400
 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-

NAME: JAMES WHAYNE OFFICER DIRECTOR
 TITLE: VP/SEC/TREAS
 ADDRESS: 1001 AVIATION PKWY STE 400
 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-

NAME: MICHAEL ESTES OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 1001 AVIATION PARKWAY
 SUITE 400
 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-

NAME: DENNIS DOUGHERTY TITLE: DIRECTOR ADDRESS: 1001 AVIATION PARKWAY SUITE 400 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN UHRIN TITLE: DIRECTOR ADDRESS: 1001 AVIATION PARKWAY SUITE 400 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: B JAY BRUMFIELD TITLE: DIRECTOR ADDRESS: 1001 AVIATION PARKWAY SUITE 400 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM EARTHMAN TITLE: DIRECTOR ADDRESS: 1001 AVIATION PARKWAY SUITE 400 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: EDGAR REY TITLE: VICE PRESIDENT ADDRESS: 1001 AVIATION PARKWAY SUITE 400 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

/s/ NATHALIE GREENE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NATHALIE GREENE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/11/2010 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.