

1.) CORPORATION NAME:

DUE DATE: **11/30/2012**

**nContact Surgical, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1773151**

**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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	1001 AVIATION PKWY STE 400		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		
NAME:	SIDNEY FLEISCHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1001 AVIATION PKWY STE 400		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		
NAME:	NATHALIE GREENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1001 AVIATION PKWY STE 400		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		
NAME:	EDGAR REY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1001 AVIATION PARKWAY SUITE 400		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		
NAME:	JAMES WHAYNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC/TREAS		
ADDRESS:	1001 AVIATION PKWY STE 400		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		
NAME:	B JAY BRUMFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 AVIATION PARKWAY SUITE 400		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS DOUGHERTY DIRECTOR 1001 AVIATION PARKWAY SUITE 400 MORRISVILLE, NC 27560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM EARTHMAN DIRECTOR 1001 AVIATION PARKWAY SUITE 400 MORRISVILLE, NC 27560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ESTES DIRECTOR 1001 AVIATION PARKWAY SUITE 400 MORRISVILLE, NC 27560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BROOKE DIRECTOR 1001 AVIATION PARKWAY SUITE 400 MORRISVILLE, NC 27560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ JOHN P FUNKHOUSER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN P FUNKHOUSER, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	10/2/2012 DATE	
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.			