

1.) CORPORATION NAME:

**nContact Surgical, Inc.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORPORATING SERVICES LTD  
7288 HANOVER GREEN DDR  
MECHANICSVILLE, VA**

SCC ID NO: **F1773151**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,696,284
PREFER	16,902,989

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN P FUNKHOUSER	
TITLE:	PRESIDENT/CEO	
ADDRESS:	1001 AVIATION PKWY STE 400	
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SIDNEY FLEISCHMAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1001 AVIATION PKWY STE 400	
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NATHALIE GREENE	
TITLE:	VICE PRESIDENT	
ADDRESS:	1001 AVIATION PKWY STE 400	
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME:	JAMES WHAYNE	
TITLE:	VP/SEC/TREAS	
ADDRESS:	1001 AVIATION PKWY STE 400	
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM BROOKE	
TITLE:	DIRECTOR	
ADDRESS:	1001 AVIATION PARKWAY SUITE 400	
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560	

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
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
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
NAME: MICHAEL ESTES TITLE: DIRECTOR ADDRESS: 1001 AVIATION PARKWAY SUITE 400 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Kay TITLE: DIRECTOR ADDRESS: 1001 Aviation Parkway Suite 400 CITY/ST/ZIP/CO: Morrisveille, 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/ NATHALIE GREENE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NATHALIE GREENE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/16/2014 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.		