

1.) CORPORATION NAME:

**Vision-Sciences, Inc.**

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

**AUTH IN VI**

**BUSINESS FILINGS INCORPORATED**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **2/29/2012**

SCC ID NO: **F1781121**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 RAMLAND ROAD SOUTH

CITY/ST/ZIP: ORANGEBURG, NY 10962-

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: CYNTHIA ANSARI  
TITLE: PRESIDENT  
ADDRESS: 40 RAMLAND ROAD SOUTH  
CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-

OFFICER

DIRECTOR

NAME: MARK LANDMAN  
TITLE: VICE PRESIDENT  
ADDRESS: 6 MERCER ROAD  
CITY/ST/ZIP/CO: NATICK, MA 01760-

OFFICER

DIRECTOR

NAME: JITENDRA PATEL  
TITLE: VICE PRESIDENT  
ADDRESS: 40 RAMLAND ROAD SOUTH  
CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-

OFFICER

DIRECTOR

NAME: KATHERINE WOLF  
TITLE: VP/TREAS  
ADDRESS: 40 RAMLAND ROAD SOUTH  
CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-

OFFICER

DIRECTOR

NAME: DAVID ANDERSON  
TITLE: DIRECTOR  
ADDRESS: 40 RAMLAND ROAD SOUTH  
CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-

OFFICER

DIRECTOR

NAME: WARREN BIELKE TITLE: DIRECTOR ADDRESS: 40 RAMLAND RD SOUTH CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LOTHAR KOOB TITLE: DIRECTOR ADDRESS: 40 RAMLAND ROAD SOUTH CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATSUMI ONEDA TITLE: DIRECTOR ADDRESS: 40 RAMLAND ROAD SOUTH CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEWIS C PELL TITLE: DIRECTOR ADDRESS: 40 RAMLAND ROAD SOUTH CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE POLSKY TITLE: DIRECTOR ADDRESS: 40 RAMLAND ROAD SOUTH CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN RYDZEWSKI TITLE: DIRECTOR ADDRESS: 40 RAMLAND ROAD SOUTH CITY/ST/ZIP/CO: ORANGEBURG, NY 10962-	<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/ KATHERINE WOLF _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHERINE WOLF, VP/TREAS _____ PRINTED NAME AND CORPORATE TITLE
1/3/2012 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.	