

1.) CORPORATION NAME:

**Vision-Sciences, Inc.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1781121**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CYNTHIA ANSARI	
TITLE:	PRESIDENT	
ADDRESS:	40 RAMLAND ROAD SOUTH	
CITY/ST/ZIP/CO:	ORANGEBURG, NY 10962	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK LANDMAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	40 Ramland Road South	
CITY/ST/ZIP/CO:	Orangeburg,, NY 10962	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID ANDERSON	
TITLE:	DIRECTOR	
ADDRESS:	40 RAMLAND ROAD SOUTH	
CITY/ST/ZIP/CO:	ORANGEBURG, NY 10962	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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	

NAME: LEWIS C PELL TITLE: DIRECTOR ADDRESS: 40 RAMLAND ROAD SOUTH CITY/ST/ZIP/CO: ORANGETBURG, 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: ORANGETBURG, 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: ORANGETBURG, NY 10962	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Aaron Polak TITLE: SECRETARY ADDRESS: 40 Ramland Road South CITY/ST/ZIP/CO: Orangeburg, NY 10962	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Keith Darragh TITLE: TREASURER ADDRESS: 40 Ramland Road South CITY/ST/ZIP/CO: Orangeburg, NY 10962	<input checked="" type="checkbox"/>	OFFICER	<input 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/ Keith Darragh	Keith Darragh, TREASURER	2/28/2013		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.				