

1.) CORPORATION NAME:

Vision-Sciences, Inc.

DUE DATE: **2/28/2014**

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

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.

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

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

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

| | | | |
|-----------------|-----------------------|---------------------------------------------|-----------------------------------|
| NAME: | KEITH DARRAGH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 40 RAMLAND ROAD SOUTH | | |
| CITY/ST/ZIP/CO: | ORANGEBURG, NY 10962 | | |

| | | | |
|-----------------|-----------------------|---------------------------------------------|-----------------------------------|
| NAME: | AARON POLAK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 40 RAMLAND ROAD SOUTH | | |
| CITY/ST/ZIP/CO: | ORANGEBURG, NY 10962 | | |

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: WARREN BIELKE TITLE: DIRECTOR ADDRESS: 40 RAMLAND RD SOUTH CITY/ST/ZIP/CO: ORANGETBURG, 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: ORANGETBURG, 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: ORANGETBURG, 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: 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 |
| 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 | 1/14/2014 |
| 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. | | |