

SCC eFile  
(6/10)

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212504379

1.) CORPORATION NAME:

**Intuitive Surgical, Inc.**

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

**AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD  
STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2012**

SCC ID NO: **F1854241**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREF	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1266 KIFER ROAD

CITY/ST/ZIP: SUNNYVALE, CA 94086-

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:	GARY S. GUTHART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086-		
NAME:	ALAN MENDELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086-		
NAME:	MARSHALL MOHR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086-		
NAME:	JERRY MCNAMARA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Exec. Vice Pres		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, VA 94086-		
NAME:	CRAIG BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC H. HALVORSON DIRECTOR 1266 KIFER ROAD SUNNYVALE, CA 94086-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMAL M. JOHNSON DIRECTOR 1266 KIFER ROAD SUNNYVALE, CA 94086-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK J. RUBASH DIRECTOR 1266 KIFER ROAD SUNNYVALE, CA 94086-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARSHALL MOHR	MARSHALL MOHR, CFO	2/1/2012
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.