

1.) CORPORATION NAME:

Intuitive Surgical, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD
STE 301**

SCC ID NO: **F1854241**

GLEN ALLEN, VA 23060-6802

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.

<p>NAME: GARY S. GUTHART TITLE: PRESIDENT ADDRESS: 1266 KIFER ROAD CITY/ST/ZIP/CO: SUNNYVALE, CA 94086</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK MELTZER TITLE: VICE PRESIDENT ADDRESS: 1266 KIFER ROAD CITY/ST/ZIP/CO: SUNNYVALE, CA 94086</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALAN MENDELSON TITLE: SECRETARY ADDRESS: 1266 KIFER ROAD CITY/ST/ZIP/CO: SUNNYVALE, CA 94086</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARSHALL MOHR TITLE: CFO ADDRESS: 1266 KIFER ROAD CITY/ST/ZIP/CO: SUNNYVALE, CA 94086</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CRAIG BARRETT TITLE: DIRECTOR ADDRESS: 1266 KIFER ROAD CITY/ST/ZIP/CO: SUNNYVALE, CA 94086</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ERIC H. HALVORSON TITLE: DIRECTOR ADDRESS: 1266 KIFER ROAD CITY/ST/ZIP/CO: SUNNYVALE, CA 94086</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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
--	---	----------------------------------	--

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
--	--	----------------------------------	--

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/ MARK MELTZER	MARK MELTZER ,	2/21/2013
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.