

1.) CORPORATION NAME:

**Intuitive Surgical, Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1854241**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

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

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/CEO 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: SVP &amp; GC 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:	AMAL M. JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086		

NAME:	MARK J. RUBASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1266 KIFER ROAD		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086		

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, SVP & GC	2/5/2014
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.