## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003870

Entity Name: TRANSENTERIX, INC.

**Current Principal Place of Business:** 

4400 BISCAYNE BLVD.

950

MIAMI, FL 33137

**Current Mailing Address:** 

4400 BISCAYNE BLVD.

950

MIAMI, FL 33137 US

FEI Number: 11-2962080 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Jan 22, 2018

Secretary of State

CC1286862623

Officer/Director Detail:

Title **PCEO** Title

POPE, TODD M WEINGARD, JOSHUA B Name Name

Address C/O TRANSENTERIX, INC Address C/O TRANSENTERIX, INC

635 DAVIS DRIVE SUITE 300 635 DAVIS DRIVE SUITE 300

MORRISVILLE NC 27560 MORRISVILLE NC 27560 City-State-Zip: City-State-Zip:

Title **CFO** DIRECTOR Title

SLATTERY, JOSEPH HSIAO, JANE H PH.D. Name Name

C/O TRANSENTERIX. INC C/O TRANSENTERIX, INC Address Address

635 DAVIS DRIVE SUITE 300 635 DAVIS DRIVE SUITE 300

MORRISVILLE NC 27560 MORRISVILLE NC 27560 City-State-Zip: City-State-Zip:

Title **CHAIRMAN** Title DIRECTOR Name LAVIOLETTE, PAUL Name BIFFI, ANDREA

C/O TRANSENTERIX. INC C/O TRANSENTERIX. INC Address Address

635 DAVIS DRIVE SUITE 300 635 DAVIS DRIVE SUITE 300

MORRISVILLE NC 27560 MORRISVILLE NC 27560 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name KHERANI, AFTAB Name STARLING, WILLIAM

C/O TRANSENTERIX. INC C/O TRANSENTERIX. INC Address Address

> 635 DAVIS DRIVE SUITE 300 635 DAVIS DRIVE SUITE 300

MORRISVILLE NC 27560

MORRISVILLE NC 27560 City-State-Zip: City-State-Zip:

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/22/2018 CHIEF LEGAL OFFICER SIGNATURE: JOSHUA WEINGARD

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title **DIRECTOR** Title DIRECTOR Name KELLEY, WILLIAM Name MILNE, DAVID

Address C/O TRANSENTERIX, INC Address C/O TRANSENTERIX, INC 635 DAVIS DRIVE SUITE 300 635 DAVIS DRIVE SUITE 300

MORRISVILLE NC 27560 City-State-Zip: MORRISVILLE NC 27560

City-State-Zip:

COO Title DIRECTOR Title

Name PFENNIGER, RICHARD C. Name FERNANDO, ANTHONY

Address C/O TRANSENTERIX, INC Address C/O TRANSENTERIX, INC

635 DAVIS DRIVE SUITE 300 635 DAVIS DRIVE SUITE 300

MORRISVILLE NC 27560 City-State-Zip: MORRISVILLE NC 27560 City-State-Zip: