

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004707

Entity Name: ATRICURE, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

6033 SCHMACHER PARK DRIVE
WEST CHESTER, OH 45069

New Principal Place of Business:

6033 SCHUMACHER PARK DRIVE
WEST CHESTER, OH 45069

Current Mailing Address:

6033 SCHMACHER PARK DRIVE
WEST CHESTER, OH 45069

New Mailing Address:

6033 SCHUMACHER PARK DRIVE
WEST CHESTER, OH 45069

FEI Number: 34-1940305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: JOHNSTON, RICHARD M
Address: 6033 SCHMACHER PARK DRIVE
City-St-Zip: WEST CHESTER, OH 45069

Title: D () Delete
Name: COLLAR, MARK A
Address: 6033 SCHMACHER PARK DRIVE
City-St-Zip: WEST CHESTER, OH 45069

Title: PD () Delete
Name: DRACHMAN, DAVID J
Address: 6033 SCHMACHER PARK DRIVE
City-St-Zip: WEST CHESTER, OH 45069

Title: VCFO () Delete
Name: PITON, JULIE A
Address: 6033 SCHMACHER PARK DRIVE
City-St-Zip: WEST CHESTER, OH 45069

Title: S () Delete
Name: WEISS, MARK A
Address: ONE E. TH STREET, STE 1400
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: JOHNSTON, RICHARD M
Address: 18 MERRY HILL CT.
City-St-Zip: BALTIMORE, MD 21208

Title: D (X) Change () Addition
Name: COLLAR, MARK A
Address: 382 BISHOPSBRIDGE DR.
City-St-Zip: CINCINNATI, OH 45255

Title: PD (X) Change () Addition
Name: DRACHMAN, DAVID J
Address: 147 LINDEN DR
City-St-Zip: CINCINNATI, OH 45215

Title: VCFO (X) Change () Addition
Name: PITON, JULIE A
Address: 4863 STONE LAKE DR.
City-St-Zip: MAINEVILLE, OH 45039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE A. PITON

CFO

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date