2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# F08000004707

Entity Name: ATRICURE, INC.

Current Principal Place of Business:

6017 CENTRE PARK DRIVE
WEST CHESTER, OH 45069

New Principal Place of Business:

6217 CENTRE PARK DRIVE
WEST CHESTER, OH 45069

Current Mailing Address:

6017 CENTRE PARK DRIVE
WEST CHESTER, OH 45069

New Mailing Address:

6217 CENTRE 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

OFFICERS AND DIRECTORS:

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

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

Title: PD
Name: DRACHMAN, DAVID J
Address: 147 LINDEN DR
City-St-Zip: CINCINNATI, OH 45215

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

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

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.

SIGNATURE: JULIE A. PITON CFO 03/08/2011

Electronic Signature of Signing Officer or Director — Date