

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002060 (0)**

1. Corporation Name

STARBOARD CAPITAL MARKETS, INC.



Principal Place of Business: **TWO LOGAN SQUARE, SUITE 2550 PHILADELPHIA PA 19103**
Mailing Address: **TWO LOGAN SQUARE, SUITE 2550 PHILADELPHIA PA 19103**

3. Date Incorporated or Qualified: **04/27/1995**
3a. Date of Last Report

| | | | | | | |
|----|--------------------------------|----|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 23-2770786 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Country | | Country | | | |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ADELL, GEORGE THREE PALMS CENTER, SUITE 440 2141 ALTERNATE A1A SOUTH JUPITER FL 33477 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PC <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, W. TYSON III | 1.2 NAME | |
| STREET ADDRESS | 331 WOODLAND AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HADDONFIELD NJ 08033 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEETER, EDMUND M III | 2.2 NAME | |
| STREET ADDRESS | 218 HILLCREST ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STRAFFORD PA 19087 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOTZMAN, JAMES J | 3.2 NAME | |
| STREET ADDRESS | 8229 CORBETT AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENNSAUKEN NJ 08109 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James J. Dotzman, Managing Director* 4/15/96 215/656-4140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)