2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047521

Address:

City-St-Zip:

2400 S FEDERAL HWY

STUART, FL 34994 US

Entity Name: STARBOARD ASSET MANAGEMENT, INC.

FILED Apr 23, 2008 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------|-----------|--------------------------------------------------|----------------------------------------|--|
| 2400 S FEDERAL HWY 230 STUART, FL 34994 | | | | 2400 S FEDERAL HWY 230 STUART, FL 34994 US | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 2400 S FE 230 STUART, I | DERAL HWY FL 34994 | | | 2400 S FEDERAL HW 230 STUART, FL 34994 | Y US | |
| FEI Number: | : 20-1024772 | FEI Number Applied For () | FEI Nur | mber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| 230 | OHN J EDERAL HWY FL 34994 US | | | | | |
| | named entity so e of Florida. | ubmits this statement for the p | ourpose c | of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | BURKE, JOHN J | Delete AL HWY SUITE 230 994 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () I BURKE, SEAN J 2400 S FEDERA STUART, FL 349 | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | SEC ()I BURKE, CAROL | Delete E | | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: CAROL E. BURKE SEC 04/23/2008