

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007087

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: OUTSTART, INC.

**Current Principal Place of Business:**

745 ATLANTIC AVENUE  
4TH FLOOR  
BOSTON, MA 02111

**New Principal Place of Business:**

**Current Mailing Address:**

745 ATLANTIC AVENUE  
4TH FLOOR  
BOSTON, MA 02111

**New Mailing Address:**

FEI Number: 59-3685161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: P  
Name: ZARRABIAN, MASSOOD  
Address: 745 ATLANTIC AVENUE, 4TH FLOOR  
City-St-Zip: BOSTON, MA 02111

Title: TS  
Name: LUBASH, ROBERT  
Address: 745 ATLANTIC AVENUE, 4TH FLOOR  
City-St-Zip: BOSTON, MA 02111

Title: D  
Name: ALONSO, JOHN  
Address: 745 ATLANTIC AVENUE, 4TH FLOOR  
City-St-Zip: BOSTON, MA 02111

Title: D  
Name: DAVOLI, ROBERT  
Address: 745 ATLANTIC AVENUE, 4TH FLOOR  
City-St-Zip: BOSTON, MA 02111

Title: D  
Name: LAX, CHARLES  
Address: 745 ATLANTIC AVENUE, 4TH FLOOR  
City-St-Zip: BOSTON, MA 02111

Title: D  
Name: SIMON, JOHN  
Address: 745 ATLANTIC AVE  
City-St-Zip: BOSTON, MA 02111

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: ROBERT LUBASH

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02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date