

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90019 037 \*\*\*150.00

**DOCUMENT # F99000006322**

1. Entity Name  
**STAR SCIENTIFIC, INC.**

Principal Place of Business  
**16 SOUTH MARKET STREET  
 PETERSBURG VA 23803**

Mailing Address  
**16 SOUTH MARKET STREET  
 PETERSBURG VA 23803**

2. Principal Place of Business  
**801 Liberty Way**

3. Mailing Address  
**801 Liberty Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Chester, VA 23836**

City & State  
**Chester, VA**

4. FEI Number **52-1402131**

Applied For  
 Not Applicable

Zip  
**23836**

Country

Zip  
**23836**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **C** ☐ Delete  
 NAME **DELORENZO, ROBERT J MD, PHD**  
 STREET ADDRESS **16 SOUTH MARKET STREET**  
 CITY-ST-ZIP **PETERSBURG VA 23803**

TITLE **P,C,COO** ☐ Change ☒ Addition  
 NAME **Perito, Paul L., Esquire**  
 STREET ADDRESS **7475 Wisconsin Avenue**  
 CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **D** ☒ Delete  
 NAME **BAILEY, MALCOLM L**  
 STREET ADDRESS **16 SOUTH MARKET STREET**  
 CITY-ST-ZIP **PETERSBURG VA 23803**

TITLE **CEO** ☐ Change ☒ Addition  
 NAME **Williams, Jonnie R.**  
 STREET ADDRESS **801 Liberty Way**  
 CITY-ST-ZIP **Chester, VA 23836**

TITLE **D** ☐ Delete  
 NAME **JOHNSON, MARK W**  
 STREET ADDRESS **16 SOUTH MARKET STREET**  
 CITY-ST-ZIP **PETERSBURG VA 23803**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Johnson, Mark W.**  
 STREET ADDRESS **7475 Wisconsin Ave.**  
 CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **CFO** ☒ Delete  
 NAME **MCNULTY, JAMES A**  
 STREET ADDRESS **16 SOUTH MARKET STREET**  
 CITY-ST-ZIP **PETERSBURG VA 23803**

TITLE **CFO** ☐ Change ☒ Addition  
 NAME **Miller, Christopher G.**  
 STREET ADDRESS **801 Liberty Way**  
 CITY-ST-ZIP **Chester, VA 23836**

TITLE **DCEO** ☐ Delete  
 NAME **PRAGER, ELLIOT D M.D.**  
 STREET ADDRESS **16 SOUTH MARKET STREET**  
 CITY-ST-ZIP **PETERSBURG VA 23803**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Prager, Elliott D., M.D.**  
 STREET ADDRESS **7475 Wisconsin Ave.**  
 CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **PCOO** ☐ Delete  
 NAME **TONKIN, LEO S ESQ.**  
 STREET ADDRESS **16 SOUTH MARKET STREET**  
 CITY-ST-ZIP **PETERSBURG VA 23803**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Tonkin, Leo S., Esquire**  
 STREET ADDRESS **7475 Bethesda Avenue**  
 CITY-ST-ZIP **Bethesda, MD 20814**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Christopher G. Miller, CFO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/01 804-530-0535**  
 Date Daytime Phone #

CR2E034 (10/00)