


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 013 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1402131	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
(Empty space for Officers and Directors)			TITLE NAME STREET ADDRESS CITY-ST-ZIP DODD PERITO, ESQ, PAUL L 16 SOUTH MARKET ST PETERSBURG, VA 23803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP D WEICHSELBAUM, ALAN 16 SOUTH MARKET ST PETERSBURG, VA 23803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP D CHAYET, NEIL L 16 SOUTH MARKET ST PETERSBURG, VA 23803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO DODD, PARK A. 16 SOUTH MARKET ST PETERSBURG, VA 23803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Park A. Dodd, CFO</u> PARK A DODD, CFO <u>APR 17, 2008</u> <u>804-861-0661</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # F99000006322					
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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 52-1402131	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHAPMAN, CHRISTOPHER C 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16 SOUTH MARKET ST PETERSBURG, VA 23803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO <input checked="" type="checkbox"/> Delete MILLER, CHRISTOPHER 16 SOUTH MARKET STREET PETERSBURG, VA 23803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OKEN, MARK D 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16 SOUTH MARKET ST PETERSBURG, VA 23803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete VORHOFF, DAVID C 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TONKIN, LEO S ESQ. 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16 SOUTH MARKET ST PETERSBURG, VA 23803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <input type="checkbox"/> Delete WILLIAMS, JONNIE R 16 SOUTH MARKET STREET PETERSBURG, VA 23803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					