

No. C 192933	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. STS PROGRAM MANAGEMENT, INC. LISA GORNAY ONE BLUE HILL PLAZA SUITE 1686 PEARL RIVER NY 10965-6164		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA				
			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROBERT MCKEON	ONE BLUE HILL PLAZA SUITE 1686	PEARL RIVER	NY	USA	10965-6164	
TREASURER	THOMAS DIMARINO	ONE BLUE HILL PLAZA SUITE 1686	PEARL RIVER	NY	USA	10965-6164	
VICE PRESIDENT	DAVID PATERSON	ONE BLUE HILL PLAZA SUITE 1686	PEARL RIVER	NY	USA	10965-6164	
PRESIDENT	THOMAS DIMARINO	ONE BLUE HILL PLAZA SUITE 1686	PEARL RIVER	NY	USA	10965-6164	
SECRETARY	NOREEN SCIACCHETANO	ONE BLUE HILL PLAZA SUITE 1686	PEARL RIVER	NY	USA	10965	
5. Organized Under the Laws of: NY C 192933		6. Annual Report must be signed.* Signature: Thomas DiMarino Name (type or print): Thomas DiMarino			Date: 09/24/2014 Title: President		
Processed 09/24/2014		* Electronically provided signatures are accepted as original signatures.					