

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000008949

**Entity Name:** STS PROGRAM MANAGEMENT, INC.

**Current Principal Place of Business:**

7111 FAIRWAY DRIVE, SUITE 402  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

7111 FAIRWAY DRIVE, SUITE 402  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 13-3484526

**Certificate of Status Desired:** Yes

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

VCORP SERVICES, LLC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            CE  
Name            MCKEON, ROBERT F  
Address        7111 FAIRWAY DRIVE, SUITE 402  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            CGCS  
Name            PATERSON, DAVID G  
Address        7111 FAIRWAY DRIVE, SUITE 402  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            CEO  
Name            MCKEON, CATHY L  
Address        7111 FAIRWAY DRIVE, SUITE 402  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            PT  
Name            DIMARINO, THOMAS  
Address        7111 FAIRWAY DRIVE, SUITE 402  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP  
Name            WEITZMAN, ANDREW  
Address        7111 FAIRWAY DRIVE, SUITE 402  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** THOMAS DIMARINO

**PRESIDENT**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date