

1.) CORPORATION NAME: <b>STS Program Management, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC          4701 COX ROAD          SUITE 301            GLEN ALLEN, VA 23060-6802</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>	DUE DATE: <b>7/31/2012</b> SCC ID NO: <b>F1759010</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: ONE BLUE HILL PLAZA 11TH FL CITY/ST/ZIP: PEARL RIVER, NY 10965	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CATHY L MCKEON TITLE: PRESIDENT ADDRESS: ONE BLUE HILL PLAZA 11TH FL CITY/ST/ZIP/CO: PEARL RIVER, NY 10965	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: THOMAS DIMARINO TITLE: EVP/T ADDRESS: ONE BLUE HILL PLAZA 11TH FL CITY/ST/ZIP/CO: PEARL RIVER, NY 10965	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: ROBERT F MCKEON TITLE: CHAIRMAN ADDRESS: ONE BLUE HILL PLAZA 11TH FL CITY/ST/ZIP/CO: PEARL RIVER, NY 10965	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ THOMAS DIMARINO	THOMAS DIMARINO, EVP/T	6/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.