

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 299891

Entity Name: STELLAR PARTNERS, INC.**Current Principal Place of Business:**12750 CITRUS PARK LANE
STE 210
TAMPA, FL 33625**Current Mailing Address:**12750 CITRUS PARK LANE
STE 210
TAMPA, FL 33625 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE, FL 32301 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 TREASURER
Name CICCARELLO, SPRING M.
Address 12750 CITRUS PARK LANE,
 SUITE 210
City-State-Zip: TAMPA FL 33625

Title VP-OPERATIONS
Name KNIGHT, TODD
Address 12750 CITRUS PARK LANE,
 SUITE 210
City-State-Zip: TAMPA FL 33625

Title CEO, DIRECTOR
Name DRENNAN, PADRAIG
Address 12750 CITRUS PARK LANE
 STE 210
City-State-Zip: TAMPA FL 33625

Title DIRECTOR
Name JOHNSON, STEVEN
Address 6905 ROCKLEDGE DRIVE
City-State-Zip: BETHESDA MD 20817

Title SECRETARY
Name ELDRED, NINA
Address 6905 ROCKLEDGE DRIVE
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name RATYCH, MARK THEODORE
Address 6905 ROCKLEDGE DRIVE
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name BENTON, DERRYL
Address 6905 ROCKLEDGE DRIVE
City-State-Zip: BETHESDA MD 20817

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: NINA ELDRED**SECRETARY****02/06/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date