

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90025 041 ***400.00
 09-01-1999 90025 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

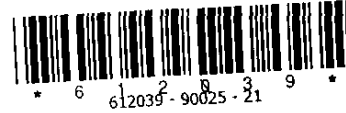


FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000000938**
 1. Corporation Name
Special Counsel, Inc.

Principal Place of Business
**One Independent Dr.
 Jacksonville, FL 32202**

Mailing Address
**Attn: Gerald Robinson
 One Independent Dr
 Jacksonville, FL 32202**



DO NOT WRITE IN THIS SPACE

21	2a	26
Principal Place of Business	Mailing Address	FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	52-1736703
City & State	City & State	Applied For
Zip	Zip	Not Applicable
Country	Country	

3. Date Incorporated or Qualified
Maryland

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

See Attachment.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tax Director** Date: **(904) 360-2704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)

F9600000938

**Modis Professional Services
Officers and Board of Directors
Office Branch: Special Counsel, Inc.**

Title	Name	Address	Phone #
Chairman of the Board	Derek E. Dewan	One Independent Drive Jacksonville, FL 32202	(904) 360 -2000
President Secretary	Laura Black		(410) 415-6300
Vice President	Mark D. Neumann		(410) 415-6300
Vice President Board Member	Michael D. Abney	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Assistant Secretary	Marc M. Mayo	One Independent Dr. Jacksonville; FL 32202	(904) 360-2000
Director of Tax	Gerald Robinson	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000