

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46369

1. Entity Name
MODIS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90087 041 ***150.00

0011010

Principal Place of Business 1 INDEPENDENT DR JACKSONVILLE FL 32202 US	Mailing Address 1 INDEPENDENT DR JACKSONVILLE FL 32202 US
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C0004907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0000600	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, TIMOTHY ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABNEY, MICHAEL D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYO, MARC M ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

Please See Attached

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VP of Taxes 1-9-01 904-360-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Officers and Board of Directors

Attachment
C0004907
D# J46369

Title	Name	Security #	Address	Phone #
Chief Executive Officer Chairman of the Board	Derek E. Dewan	041-42-1309	One Independent Drive Jacksonville, FL 32202	(904) 360 -2000
Sr Vice President Treasurer	Michael D. Abney	261-46-8726	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Sr Vice President Secretary	Marc M. Mayo	267-13-6753	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
President	Timothy D. Payne	563-29-9957	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Vice President Assistant Secretary	John Marshall	266-35-6196	One Independent Drive Jacksonville, FL 32202	(904) 360-2000
VP of Taxes	Gerald Robinson	051-62-4431	One Independent Drive Jacksonville, FL 32202	(904) 360-2000