

1. Entity Name
MODIS/COMPUTER ACTION, INC.

Principal Place of Business: INDEPENDENT DR JACKSONVILLE FL 32302
Mailing Address: 1 INDEPENDENT DR ATTN: TAX DEPT JACKSONVILLE FL 32202-5039 US

80021810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country

4. FEI Number 59-3444066 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEWAN DEREK E	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ABNEY MICHAEL D	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAYO, MARL M	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Please see attached listings

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: *Gerald Robinson* Gerald Robinson 2-60-00 (904) 360-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

97000022908

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Officers and Board of Directors

Title	Name	Address	Phone #
Chief Executive Officer Chairman of the Board	Derek E. Dewan	One Independent Drive Jacksonville, FL 32202	(904) 360-2000
Sr Vice President Treasurer	Michael D. Abney	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Sr Vice President	Marc M. Mayo	One Independent Dr.	(904) 360-2000