

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46369

Entity Name: MODIS, INC.

FILED  
Apr 21, 2010  
Secretary of State

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 800  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 800  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 65-0000600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCOO  
Name: CULLEN, JOHN P PCOO  
Address: 14401 SWEITZER LANE  
City-St-Zip: LAUREL, MD 20707 US

Title: D  
Name: CULLEN, JOHN P D  
Address: 14401 SWEITZER LANE  
City-St-Zip: LAUREL, MD 20707 US

Title: VPS  
Name: HOLLAND, GREGORY D VPS  
Address: ONE INDEPENDENT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPTD  
Name: ROBINSON, GERALD G VPTD  
Address: ONE INDEPENDENT DRIVE, SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32202 US

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: GERALD ROBINSON

VPT

04/21/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date