

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J46369

**Entity Name:** MODIS, INC.**Current Principal Place of Business:**10151 DEERWOOD PARK BOULEVARD  
BUILDING 200, SUITE 400  
JACKSONVILLE, FL 32256**Current Mailing Address:**10151 DEERWOOD PARK BOULEVARD  
BUILDING 200, SUITE 400  
JACKSONVILLE, FL 32256 US**FEI Number:** 65-0000600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	P
Name	CULLEN, JOHN PPCOO
Address	14401 SWEITZER LANE
City-State-Zip:	LAUREL MD 20707
Title	CFOD
Name	KING, J. TODD
Address	1301 RIVERPLACE BLVD. STE. 1200
City-State-Zip:	JACKSONVILLE FL 32207
Title	EVPT
Name	STRUBHAR, JASON
Address	10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	CEOD
Name	CROUCH, ROBERT P
Address	1301 RIVERPLACE BLVD. STE. 1200
City-State-Zip:	JACKSONVILLE FL 32207
Title	SVPS
Name	HOLLAND, GREGORY S
Address	1301 RIVERPLACE BLVD. STE. 1200
City-State-Zip:	JACKSONVILLE FL 32207
Title	VP-TAX
Name	ROBINSON, GERALD
Address	10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 400
City-State-Zip:	JACKSONVILLE FL 32256

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

VP-TAX

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date