

2013 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 CEO
Name CROUCH, ROBERT P
Address 10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title CFOD
Name KING, J. TODD
Address 10151 DEERWOOD PARK BLVD.
BLDG 200 STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title SVPS
Name HOLLAND, GREGORY S
Address 10151 DEERWOOD PARK BLVD. BLDG
200,STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title SVPT
Name DEPALO, LORELEI T
Address 175 BROAD HOLLOW ROAD
City-State-Zip: MELVILLE NY 11747

Title VP-TAX
Name HOWELL, DIANE S
Address 175 BROAD HOLLOW ROAD
City-State-Zip: MELVILLE NY 11747

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: DIANE S HOWELL

VP-TAX

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date