

**2014 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 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 CEO  
Name CROUCH, ROBERT P  
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 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 HOWELL

VP-TAX

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date