2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46369

Entity Name: MODIS, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1 INDEPENDENT DR ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 US

SUITE 800

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

1 INDEPENDENT DR ONE INDEPENDENT DRIVE

JACKSONVILLE, FL 32202 US SUITE 800

JACKSONVILLE, FL 32202 US

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

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

CORPORATION SERVICE COMPANY CORPORATION SERVICE COMPANY

1201 HAYS STREET 1201 HAYS STREET

TALLAHASSEE, FL 323012525 US TALLAHASSEE, FL 32301 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: 04/23/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: CFO () Delete Title: PAYNE, TIMOTHY CROUCH, ROBERT P SVPT Name: Name: ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

VPS Title: **VPS** (X) Change () Addition Title: () Delete Name: HOLLAND, GREG Name: HOLLAND, GREG D VPS

ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address: Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SVT () Delete ASD

CROUCH, ROBERT TUTOR, TYRA H ASD Name: Name: ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete Title: CEOD (X) Change () Addition TUTOR, TYRA PAYNE, TIMOTHY D CEOD Name: Name: Address: ONE INDEPENDENT DRIVE Address: ONE INDEPENDENT DRIVE

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: COOP Title: COOP (X) Change () Addition () Delete CULLEN, JOHN Name: CULLEN, JOHN P COOP Name: 14401 SWEITZER LANE Address: 14401 SWEITZER LANE Address: City-St-Zip: LAUREL, MD 20707 City-St-Zip: LAUREL, MD 20707 US

Title: () Delete Title: (X) Change () Addition ROBINSON, GERALD Name: Name: ROBINSON, GERALD G VPT ONE INDEPENDENT DR ONE INDEPENDENT DRIVE, SUITE 800 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD ROBINSON **VPT** 04/23/2008

Electronic Signature of Signing Officer or Director

Date