2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069135

Entity Name: MODIS PROFESSIONAL SERVICES, INC.

FILED Apr 24, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1 INDEPENDENT DRIVE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

SUITE 800

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

1 INDEPENDENT DRIVE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

SUITE 800

JACKSONVILLE, FL 32202 US

FEI Number: 59-3730874 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 1201 HAYS STREET TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PAYNE, TIMOTHY D CROUCH, ROBERT P VPTD Name: Name: 1 INDEPENDENT DRIVE ONE INDPENDENT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

Title: Title: **VPT** () Delete ASD (X) Change () Addition ROBINSON, GERALD TUTOR, TYRA H Name: Name:

ONE INDEPENDENT DR. ONE INDEPENDENT DRIVE Address: Address:

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

Title: **VPS** () Delete Title: CEOD (X) Change () Addition HOLLAND, GREGORY PAYNE, TIMOTHY D CEOD Name: Name: Address: ONE INDEPENDENT DR Address: ONE INDEPENDENT DRIVE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US

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

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

Title: ASD () Delete Title: (X) Change () Addition TUTOR, TYRA 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** 04/24/2008