

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069135

FILED
Apr 27, 2009
Secretary of State

Entity Name: MODIS PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3730874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: VPTD () Delete
Name: CROUCH, ROBERT P VPTD
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPS () Delete
Name: HOLLAND, GREG D VPS
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: ASD () Delete
Name: TUTOR, TYRA H
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CEOD () Delete
Name: PAYNE, TIMOTHY D CEOD
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

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

Title: VPT () Delete
Name: ROBINSON, GERALD G VPT
Address: ONE INDEPENDENT DRIVE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date