

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90271 029 ***150.00

DOCUMENT # P97000022908

1. Entity Name
MODIS/COMPUTER ACTION, INC.



Principal Place of Business
**1 INDEPENDENT DR
JACKSONVILLE, FL 32302 US**

Mailing Address
**1 INDEPENDENT DR
ATTN: TAX DEPT
JACKSONVILLE, FL 32202 US**

94062525



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number

59-3444066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME DEWAN DEREK'E
STREET ADDRESS ONE INDEPENDENT DR
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE VP-Secretary ☐ Change ☒ Addition
NAME Gregory Holland
STREET ADDRESS One Independent Dr.
CITY-ST-ZIP Jacksonville, FL 32202

TITLE T ☒ Delete
NAME CROUCH, GREG
STREET ADDRESS ONE INDEPENDENT DR
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE CEO-Director ☐ Change ☒ Addition
NAME Timothy Payne
STREET ADDRESS One Independent Dr.
CITY-ST-ZIP Jacksonville, FL 32202

TITLE P ☒ Delete
NAME PAYNE, TIMOTHY D
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE President ☐ Change ☒ Addition
NAME John P. Cullen
STREET ADDRESS 7901 Sandy Springs Rd.
CITY-ST-ZIP Knapville, MD 20707

TITLE VPOT ☐ Delete
NAME ROBINSON, GERALD
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE SVP-Treasurer ☐ Change ☒ Addition
NAME Robert Crouch
STREET ADDRESS One Independent Dr.
CITY-ST-ZIP Jacksonville, FL 32202

TITLE AS/Director ☐ Delete
NAME TUTOR, TYRA
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME MARSHALL, III, JOHN
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

[Signature] 4-19-04

904-360-2704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #