## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000022908

Entity Name: MODIS/COMPUTER ACTION, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1 INDEPENDENT DR JACKSONVILLE, FL 32302 US	ONE INDEPENDENT DRIVE SUITE 800 JACKSONVILLE, FL 32302 US
Current Mailing Address:	New Mailing Address:
1 INDEPENDENT DR ATTN: TAX DEPT JACKSONVILLE, FL 32202 US	ONE INDEPENDENT DRIVE SUITE 800 JACKSONVILLE, FL 32302 US
FEI Number: 59-3444066 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 32301 US	
The above named entity submits this statement in the State of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Reg	istered Agent Date
Election Campaign Financing Trust Fund Contribut	ion ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title: HOLLAND, GREGORY CROUCH, ROBERT P VPTD Name: Name: ONE INDEPENDENT DR Address: ONE INDEPENDENT DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US ( ) Delete Title: CEOD Title: (X) Change ( ) Addition PAYNE, TIMOTHY HOLLAND, GREG D VPS Name: Name: Address: ONE INDEPENDENT DR Address: ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: (X) Change ( ) Addition Title: ( ) Delete ASD CULLEN, JOHN P Name: TUTOR, TYRA H ASD Name: 14401 SWEITZER LANE Address: ONE INDEPENDENT DRIVE Address: City-St-Zip: LAUREL, MD 20707 City-St-Zip: JACKSONVILLE, FL 32202 US Title: VPOT ( ) Delete Title: CEOD (X) Change ( ) Addition ROBINSON, GERALD PAYNE, TIMOTHY D CEOD Name: Name: ONE INDEPENDENT DRIVE Address: Address: ONE INDEPENDENT DRIVE City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US Title: Title: (X) Change ( ) Addition () Delete TUTOR, TYRA CULLEN, JOHN P P Name: Name: Address: ONE INDEPENDENT DRIVE Address: 14401 SWEITZER LANE City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: LAUREL, MD 20707 US Title: ( ) Delete Title: (X) Change ( ) Addition CROUCH, ROBERT ROBINSON, GERALD G VPT Name: Name: ONE INDEPENDENT DRIVE 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