

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90005 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000104876**

1. Corporation Name  
**MODIS GP, INC.**



Principal Place of Business  
 ONE INDEPENDENT DRIVE  
 JACKSONVILLE FL 32202

Mailing Address  
 177 CROSSWAYS PARK DR.  
 WOODBURY NY 11797

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/12/1997**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1 INDEPENDENT DR.**

22 City & State

27 **ASTN: TAX DEPT**

23 Zip

Country

28 Zip

Country

24

25

29

30

**32202**

4. FEI Number  
**59-3482199**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D DEWAN, DEREK E**  
 STREET ADDRESS **ONE INDEPENDENT DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

1.1 TITLE **PRESIDENT/DIRECTOR**  Change  Addition  
 1.2 NAME **DEWAN, DEREK E**  
 1.3 STREET ADDRESS **ONE INDEPENDENT DR**  
 1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE  DELETE  
 NAME **D ABNEY, MICHAEL D**  
 STREET ADDRESS **ONE INDEPENDENT DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

2.1 TITLE **SR. VICE PRESIDENT/TREASURER/DIRECTOR**  Change  Addition  
 2.2 NAME **ABNEY, MICHAEL D.**  
 2.3 STREET ADDRESS **ONE INDEPENDENT DR**  
 2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE  DELETE  
 NAME **VP CALABRO, ROBERT**  
 STREET ADDRESS **177 CROSSWAYS PARK DR.**  
 CITY-ST-ZIP **WOODBURY NY 11797**

3.1 TITLE **SECRETARY/DIRECTOR**  Change  Addition  
 3.2 NAME **MAYO, MARC D.**  
 3.3 STREET ADDRESS **ONE INDEPENDENT DR**  
 3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

7-8-99

904-360-2704

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



One Independent Drive • Jacksonville, Florida 32202-5060  
Telephone: 904-360-2000 • Facsimile: 904-360-2814  
www.modispro.com

593424-90005-30  
P 97000104876



July 6, 1999

Re: Profit Corporation Annual Report – Modis GP, Inc.

Florida Department of State  
Katherine Harris - Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gerald Robinson', written over a white background.

Gerald Robinson  
Tax Director