

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90030 039 \*\*\*150.00

**DOCUMENT # V29998**

1. Entity Name  
**MODIS PROFESSIONAL SERVICES, INC.**

Principal Place of Business: **INDEPENDENT DR JACKSONVILLE FL 32202**  
 Mailing Address: **1 INDEPENDENT DR ATTN: TAX DEPT JACKSONVILLE FL 32202-5039 US**

120410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **One Independent DR.**  
 3. Mailing Address: **One Independent DR.**  
 City & State: **Jacksonville, FL**  
 Zip: **32202**  
 Country: **USA**

4. FEI Number: **59-3116655**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>DOYLE DANIEL M</b>	
STREET ADDRESS: <b>1 INDEPENDENT DR</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32202</b>	
TITLE: <b>CEPC</b>	<input type="checkbox"/> Delete
NAME: <b>DEWAN DEREK E.</b>	
STREET ADDRESS: <b>ONE INDEPENDENT DR</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32202</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>WAYNE, DAVIS T</b>	
STREET ADDRESS: <b>1 INDEPENDENT DR</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32202</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>ANDERSON, JOHN K</b>	
STREET ADDRESS: <b>1 INDEPENDENT DR</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32202</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>TANOUS PETER J</b>	
STREET ADDRESS: <b>1 INDEPENDENT DR</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32202</b>	
TITLE: <b>VTCD</b>	<input type="checkbox"/> Delete
NAME: <b>ABNEY MICHAEL D</b>	
STREET ADDRESS: <b>ONE INDEPENDENT DR</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32202</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

*please see attached for updated listing*

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: **4-25-00** Daytime Phone #: \_\_\_\_\_

WS 9998

Attachment

729475

**Modis Professional Services  
Officers and Board of Directors**

Title	Name	Address	Phone #
Chairman of the Board President Chief Executive Officer Director	Derek E. Dewan	One Independent Drive Jacksonville, FL 32202	(904) 360-2000
Sr. Vice President Secretary General Counsel	Marc M. Mayo	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Vice President Chief Accounting Officer	Robert P. Crouch	One Independent Dr Jacksonville, FL 32202	(904) 360-2000
Sr. Vice President Treasurer CFO Director	Michael D. Abney	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Assistant Secretary	John L. Marshall, III	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Director	T. Wayne Davis	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Director	John R. Kennedy	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Assistant Vice President of Taxes	Gerald Robinson	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
President of Professional Division	George A. Bajalia	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
President of Modis, Inc. Division	Timothy D. Payne	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000