

**2002 UNIFORM BUSINESS REPORT (UBR)**

*ret 3*

DOCUMENT # **V29998**

1. Entity Name

**MPS Group, Inc.** (Formerly Modis Professional Services)

**FILED**

02 JUN -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1 INDEPENDENT DR  
JACKSONVILLE FL 32202  
US

Mailing Address  
1 INDEPENDENT DR  
ATTN: GERALD ROBINSON  
JACKSONVILLE FL 32202  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUY GHJE, MICHAEL</b> 1 INDEPENDENT DR JACKSONVILLE FL 32202	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEPC</b> <b>DEWAN DEREK E.</b> ONE INDEPENDENT DR JACKSONVILLE FL 32202	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAYNE, DAVIS T</b> 1 INDEPENDENT DR JACKSONVILLE FL 32202	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNEDY, JOHN R</b> 1 INDEPENDENT DR JACKSONVILLE FL 32202	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TANOUS PETER J</b> 1 INDEPENDENT DR JACKSONVILLE FL 32202	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVPT</b> <b>ROBINSON, GERALD</b> ONE INDEPENDENT DR JACKSONVILLE FL 32202	Delete <input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*please see attached*

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]* **Director of Taxes** Date: **904-360-2704**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

2013

<b>MPS Group, Inc. Officers</b>		
<b>Title</b>	<b>Name</b>	<b>Address</b>
CEO & President	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Sr. Vice President Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Sr. Vice President Secretary	Marc M. Mayo	One Independent Drive Jacksonville, FL 32202
Vice President of Operations	Sheri O'Brien	One Independent Drive Jacksonville, FL 32202
VP & Chief Information Officer	Richard White	One Independent Drive Jacksonville, FL 32202
VP of Taxes	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
VP of Sales	Stephen Parker	One Independent Drive Jacksonville, FL 32202
VP of Corporate Finance	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
VP & Assistant Secretary	Gregory D. Holland	One Independent Drive Jacksonville, FL 32202
Assistant Secretary	John L. Marshall III	One Independent Drive Jacksonville, FL 32202

3 of 3

MPS Group, Inc. Directors		
Title	Name	Address
Chairman of the Board	Derek E. Dewan	One Independent Drive Jacksonville, FL 32202
Director	Michael D. Abney	One Independent Drive Jacksonville, FL 32202
Director	T. Wayne Davis	One Independent Drive Jacksonville, FL 32202
Director	Michael Huyghue	One Independent Drive Jacksonville, FL 32202
Director	William Isaac	One Independent Drive Jacksonville, FL 32202
Director	John R. Kennedy	One Independent Drive Jacksonville, FL 32202
Director	Sen. George Mitchell	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	Peter J. Tanous	One Independent Drive Jacksonville, FL 32202