

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003145

Entity Name: MODULAR SOLUTIONS, INC.**Current Principal Place of Business:**2488 OLD POOLE RD.
KINSTON, NC 28501**Current Mailing Address:**PO BOX 6115
KINSTON, NC 28501**FEI Number:** 56-2255158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, DAVID S
6015 MORROW ST. EAST SUITE 109
JACKSONVILLE, FL 32217 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PC
Name	ROUSE, ALICE S
Address	PO BOX 6115
City-State-Zip:	KINSTON NC 28501

Title	VPST
Name	ROUSE, ERIC S
Address	PO BOX 6115
City-State-Zip:	KINSTON NC 28501

Title	VC
Name	ROUSE, ERIC S
Address	PO BOX 6115
City-State-Zip:	KINSTON NC 28501

Title	D
Name	ROUSE, WILLIAM HJR
Address	PO BOX 6115
City-State-Zip:	KINSTON NC 28501

Title	D
Name	ROUSE, RICHARD W
Address	PO BOX 6115
City-State-Zip:	KINSTON NC 28501

I hereby 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 all other like empowered.

SIGNATURE: ALICE ROUSE**PRESIDENT****01/31/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date