

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46369

Entity Name: MODIS, INC.**Current Principal Place of Business:**10151 DEERWOOD PARK BOULEVARD
BUILDING 200, SUITE 400
JACKSONVILLE, FL 32256**Current Mailing Address:**10151 DEERWOOD PARK BOULEVARD
BUILDING 200, SUITE 400
JACKSONVILLE, FL 32256 US**FEI Number:** 65-0000600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	P
Name	CULLEN, JOHN PPCOO
Address	14401 SWEITZER LANE
City-State-Zip:	LAUREL MD 20707
Title	CFOD
Name	KING, J. TODD
Address	10151 DEERWOOD PARK BLVD. BLDG 200 STE 400
City-State-Zip:	JACKSONVILLE FL 32256
Title	SVPT
Name	DEPALO, LORELEI T
Address	175 BROAD HOLLOW ROAD
City-State-Zip:	MELVILLE NY 11747

Title	CEOD
Name	CROUCH, ROBERT P
Address	10151 DEERWOOD PARK BLVD. BLDG 200 STE 400
City-State-Zip:	JACKSONVILLE FL 32256
Title	SVPS
Name	HOLLAND, GREGORY S
Address	10151 DEERWOOD PARK BLVD. BLDG 200,STE 400
City-State-Zip:	JACKSONVILLE FL 32256
Title	VP-TAX
Name	HOWELL, DIANE S
Address	175 BROAD HOLLOW ROAD
City-State-Zip:	MELVILLE NY 11747

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: DIANE HOWELL

VP-TAX

04/15/2014

Electronic Signature of Signing Officer/Director Detail_____
Date