



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 101160		2. Name of Corporation MODIS, INC			
3. Street Address Principal Business Office ONE INDEPENDENT DRIVE, SUITE 800		City JACKSONVILLE	State FLORIDA	Zip 32202	
4. Business Phone No. 904-360-2704		5. State of Incorporation FLORIDA			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE TEMPORARY & PERMANENT STAFFING SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN P. CULLEN		Vice President OF TAXES GERALD ROBINSON			
Street Address 14401 SWEITZER LANE		Street Address ONE INDEPENDENT DRIVE, SUITE 800			
City LAUREL	State MD	Zip 20707	City JACKSONVILLE	State FL	Zip 32202
Secretary Name GREGORY HOLLAND		Treasurer Name ROBERT CROUCH			
Street Address ONE INDEPENDENT DRIVE		Street Address ONE INDEPENDENT DRIVE			
City JACKSONVILLE	State FL	Zip 32202	City JACKSONVILLE	State FL	Zip 32202
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name TIMOTHY D. PAYNE		Director Name JOHN P. CULLEN			
Street Address ONE INDEPENDENT DRIVE		Street Address 14401 SWEITZER LANE			
City JACKSONVILLE	State FL	Zip 32202	City LAUREL	State MD	Zip 20707
Director Name TYRA TUTOR		Director Name			
Street Address ONE INDEPENDENT DRIVE		Street Address			
City JACKSONVILLE	State FL	Zip 32202	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	COMMON	NO PAR VALUE	10,000	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Gerald Robinson Date 2-27-09
Print or Type Name GERALD ROBINSON
Title VICE PRESIDENT OF TAXES

FILED
File Date MAR 04 2008
Check No. 1003443
By [Signature]
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