2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 AM
Secretary of State

DOCUMENT# F97000003671

Entity Name: CSX PAYROLL SERVICES, INC.

Current Principal Place of Business:

301 WEST BAY STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
J-160
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3455044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	GMT	( ) Delete
Name:	PRICE, J T	
Address:	301 WEST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VPCS	( ) Delete
Name:	AFTOORA, PATRICIA J	
Address:	500 WATER STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	FAVORITE, F J	
Address:	500 WATER STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	AVARA, M T	
Address:	2101 REXFORD ROAD, SUITE 350 WEST	
City-St-Zip:	CHARLOTTE, NC 28211	
Title:	D	( ) Delete
Name:	STEPHENS, G W	
Address:	301 W. BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	ROSS, J L	
Address:	50 LAURA STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPCS	(X) Change ( ) Addition
Name:	GEIERSBACH, RACHEL E	
Address:	500 WATER STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RACHEL E. GEIERSBACH VPCS 04/03/2002

Electronic Signature of Signing Officer or Director — Date