


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P20024 (6)					
1. Corporation Name CSX CORPORATION					
Principal Place of Business 901 EAST CARY STREET RICHMOND VA 23219-4003			Mailing Address 901 EAST CARY STREET RICHMOND VA 23219-4057 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1988		3a. Date of Last Report 07/09/1996	
21 Suite, Apt. #, etc.		26 Attn: Alan A. Rudnick Suite, Apt. #, etc.		4. FEI Number 62-1051971		Applied For Not Applicable	
22 City & State		27 901 E. Cary Street City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Richmond, VA		28 Richmond, VA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 23219-4031		25 Country		29 Zip 23219-4081		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	
NAME	SNOW, JOHN W.	1.2 NAME	
STREET ADDRESS	901 EAST CARY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	PETER, JAMES P	2.2 NAME	
STREET ADDRESS	901 EAST CARY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23219	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	
NAME	RUDNICK, ALAN A.	3.2 NAME	
STREET ADDRESS	901 EAST CARY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	SPARROW, WILLIAM H.	4.2 NAME	
STREET ADDRESS	901 EAST CARY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	V
NAME	ARON, MARK G	5.2 NAME	
STREET ADDRESS	901 EAST CARY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	V
NAME	ERMER, JAMES	6.2 NAME	Paul R. Goodwin
STREET ADDRESS	901 EAST CARY ST	6.3 STREET ADDRESS	901 E. Cary Street
CITY-ST-ZIP	RICHMOND VA	6.4 CITY-ST-ZIP	Richmond, VA 23219

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1997

804-782-1525

CR2E034 (9/96)