

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001754

Entity Name: CSX FOUNDATION, INC.**Current Principal Place of Business:**500 WATER STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**500 WATER STREET
C-160
JACKSONVILLE, FL 32202 US**FEI Number:** 26-2248439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 D
Name FITZSIMMONS, ELLEN M.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title D
Name SMITH, DERRICK W.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title D
Name MARKS, JIM
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title D
Name BOWLING, DAVID J.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title D/VP
Name PANGBORN, JOEL W.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title D
Name MILLS, PETER K.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title CS
Name AUSTIN, MARK D
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202Title D
Name ROSS, MICHELE
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202**Continues on page 2**

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK D. AUSTIN**SECRETARY****03/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D/P
Name KAPLAN, TORI
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title ASSISTANT CORPORATE SECRETARY
Name GULIN, ROSEMARY J.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name KITCHENS, JOHN L.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP/T
Name WILLIAMS, ANGELA C.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title ASSISTANT TREASURER
Name PHEBUS, DEBBY C.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202