

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 806099

**Entity Name:** CSX TRANSPORTATION, 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:** 54-6000720**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	DIRECTOR, CFO
Name	LONEGRO, FRANK A.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR, SVP
Name	SWAFFORD, JERMAINE L.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR, EVP
Name	HARRIS, EDMOND L.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP, TREASURER
Name	PELKEY, SEAN R.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	ACS
Name	ARMBRUST, STEVE C.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	AUSTIN, MARK D.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

*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:** MARK AUSTIN**SECRETARY****06/21/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date