

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003671

Entity Name: CSX PAYROLL SERVICES, 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:** 59-3455044**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
Name	MCDUFFIE, THOMAS L.
Address	500 WATER STREET C-160
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	STRUBHAR, LINDSEY M.
Address	500 WATER STREET C-160
City-State-Zip:	JACKSONVILLE FL 32202

Title	GENERAL MANAGER
Name	ESTES, JENNIFER J.
Address	500 WATER STREET C-160
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	EPPINGER, GARY
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	CORPORATE SECRETARY
Name	BURNS, MICHAEL S.
Address	500 WATER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP AND TREASURER
Name	SLATER, WILLIAM 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: MICHAEL S. BURNS**CORPORATE
SECRETARY****04/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date