

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20024

Entity Name: CSX CORPORATION**Current Principal Place of Business:**500 WATER STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**500 WATER STREET
JACKSONVILLE, FL 32202 US**FEI Number:** 62-1051971**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 PRESIDENT, CEO, DIRECTOR
Name FOOTE, JAMES M
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title EXECUTIVE VICE PRESIDENT
Name HARRIS, EDMOND L
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP, CHIEF ACCOUNTING OFFICER
Name WILLIAMS, ANGELA C
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

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

Title EXECUTIVE VICE PRESIDENT - CHIEF
LEGAL OFFICER, SECRETARY
Name GOLDMAN, NATHAN D
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

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

Title EXECUTIVE VICE PRESIDENT -
SALES AND MARKETING
Name WALLACE, MARK K
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title EXECUTIVE VICE PRESIDENT AND
CHIEF ADMINISTRATIVE OFFICER
Name SORFLEET, DIANA B.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

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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 D. AUSTIN**ASSISTANT CORPORATE SECRETARY** 03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALVARADO, DONNA M.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HALVERSON, STEVEN T.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MCPHERSON, JOHN D.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RIEFLER, LINDA H.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ZILLMER, JOHN J.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name VAUTRINOT, SUZANNE M.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name CARTER, PAMELA L.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HILAL, PAUL C.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MOFFETT, DAVID M.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WHISLER, J. STEVEN
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title EVP, CFO
Name BOONE, KEVIN S.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title EVP - OPERATIONS
Name BOYCHUK, JAMIE J.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202