

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

FILED  
May 08 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 # F95000005111 (8)

1. Corporation Name  
CSX PROFESSIONAL SERVICES GROUP, INC.



Principal Place of Business  
500 WATER STREET  
JACKSONVILLE FL 32202

Mailing Address  
500 WATER ST.  
S/C J-160  
JACKSONVILLE FL 32202-4422

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1995		3a. Date of Last Report 04/27/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3307394		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81. Name NOTE: This company is included in a consolidated intangible personal property tax return filed on behalf of CSX Corporation and consolidated affiliates, FEIN 62-1051971.				85. Zip Code FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, J F	1.2 NAME	
STREET ADDRESS	500 WATER STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	1.4 CITY- ST- ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIZZA, R D	2.2 NAME	
STREET ADDRESS	500 WATER STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	2.4 CITY- ST- ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFTOORA, P J	3.2 NAME	
STREET ADDRESS	500 WATER STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, M E	4.2 NAME	
STREET ADDRESS	500 WATER STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	4.4 CITY- ST- ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, M.P.	5.2 NAME	
STREET ADDRESS	500 WATER STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENFELD, A.P.	6.2 NAME	
STREET ADDRESS	500 WATER STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	6.4 CITY- ST- ZIP	

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:

*Patricia U. Aftoora*  
Patricia U. Aftoora, Vice President

April 25, 1997 (904) 366-4242

Date

Daytime Phone #

0029145

CR2E034 (9/96)