

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90118 011 ***150.00

DOCUMENT # F95000005111

1. Entity Name
CSX PROFESSIONAL SERVICES GROUP, INC.

Principal Place of Business --- WATER STREET JACKSONVILLE FL 32202	Mailing Address 500 WATER ST. S/C J-160 JACKSONVILLE FL 32202-4423
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 59-3307394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, J F 500 WATER ST JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP AARON, C E 550 WATER ST JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP AFTOORA, P 500 WATER ST JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP LARIZZA, R 550 WATER ST JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP PATE, M 550 WATER ST JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ANDREWS, F 500 WATER ST JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See attached list

CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia J. Aftoora **Patricia J. Aftoora** 4/20/00 904-366-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F 95000000321

Attachment
716090

CSX PROFESSIONAL SERVICES GROUP, INC.

Directors

<u>Name</u>	<u>Address</u>
R. D. Larizza	550 Water Street Jacksonville, FL 32202
M. P. McGovern	550 Water Street Jacksonville, FL 32202
C. J. O. Wodehouse	500 Water Street Jacksonville, FL 32202

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
C. J. O. Wodehouse	President	500 Water Street Jacksonville, FL 32202
C. E. Aaron	Vice-President	550 Water Street Jacksonville, FL 32202
P. J. Aftoora	Vice-President and Corporate Secretary	500 Water Street Jacksonville, FL 32202
R. D. Larizza	Vice-President	550 Water Street Jacksonville, FL 32202
B. A. Schwinger	Treasurer	301 West Bay Street Jacksonville, FL 32202
M. P. McGovern	Controller	550 Water Street Jacksonville, FL 32202

Office of Vice-President and Corporate Secretary
Jacksonville, FL
December 31, 1999