

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000005111**1. Entity Name
CSX PROFESSIONAL SERVICES GROUP, INC.

Principal Place of Business

500 WATER STREET

JACKSONVILLE

32202

FL

Mailing Address

500 WATER ST.

S/C J-160

JACKSONVILLE

32202

FL

2. Principal Place of Business

550 WATER STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

FL

City & State

Zip

32202

Country

Zip

Country

4. FEI Number

59-3307394

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

FL

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/10/2001

DATE

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS F	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATE M	
STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARIZZA R	
STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AFTOORA P	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AARON C E	
STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDREWS J F	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE J T	
STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTEN E T	
STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFTOORA PATRICIA J	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMEN C D	
STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WODEHOUSE C J	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

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

VP

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)