

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006237 (0)

1. Corporation Name
CSX TECHNOLOGY, INC.

Principal Place of Business

550 WATER STREET
JACKSONVILLE FL 32202
US

Mailing Address

500 WATER ST.
S/C J-180
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

59-2869009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, 1998

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name

NOTE: This company is included in a consoli-
dated intangible personal property tax return
filed on behalf of CSX Corporation and con-
solidated affiliates, FEIN 62-1051971.

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

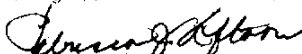
TITLE	PD	☐ DELETE
NAME	ANDREWS, J.F.	
STREET ADDRESS	500 WATER ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	ARON, M.G.	
STREET ADDRESS	901 E CARY ST, 1 JAMES CENTER	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	☐ DELETE
NAME	GOODWIN, P.R.	
STREET ADDRESS	901 E CARY ST, 1 JAMES CENTER	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	☐ DELETE
NAME	SNOW, J.W.	
STREET ADDRESS	901 E CARY ST, 1 JAMES CENTER	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	VPS	☐ DELETE
NAME	AFTOORA, P.J.	
STREET ADDRESS	500 WATER ST., S/C J-180	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	☐ DELETE
NAME	LARIZZA, R.D.	
STREET ADDRESS	500 WATER ST., S/C J-180	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President - Application Development	☐ Change ☒ Addition
1.2 NAME	Blumenfeld, A.P.	
1.3 STREET ADDRESS	550 Water Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE	Vice-President - Advanced Rail	☐ Change ☒ Addition
2.2 NAME	Signaling & Dispatch Technology	
2.3 STREET ADDRESS	Schmidt, T.P., 500 Water Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	Treasurer	☐ Change ☒ Addition
3.2 NAME	Page, M. E.	
3.3 STREET ADDRESS	550 Water Street	
3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 J. Aftoora, Vice-President 1/25/98 (904) 366-4242

CR2E034 (10/97)