

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F95000006237**1. Entity Name  
CSX TECHNOLOGY, INC.

## Principal Place of Business

550 WATER STREET

JACKSONVILLE

32202

FL

US

## Mailing Address

500 WATER ST.

FINANCE DEPARTMENT - J941

JACKSONVILLE

322024423

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

500 WATER STREET

Suite, Apt. #, etc.  
J-160

## City &amp; State

## City &amp; State

JACKSONVILLE

FL

## Zip

## Country

## Zip

32202

## Country

## 4. FEI Number

59-2869009

## 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

US

FL

## 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	V	<input type="checkbox"/> Delete
NAME	ANDERSON C J	
STREET ADDRESS	550 WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VS	<input type="checkbox"/> Delete
NAME	AFTOORA P J	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WODEHOUSE C. J. O.	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOW J. W.	
STREET ADDRESS	901 EAST CARY ST.	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN P. R.	
STREET ADDRESS	901 EAST CARY ST.	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARON M. G.	
STREET ADDRESS	901 EAST CARY ST.	
CITY-ST-ZIP	RICHMOND VA 23219	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON C J	
STREET ADDRESS	550 WATER STREET	
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 STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WODEHOUSE C J	
STREET ADDRESS	500 WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW J W	
STREET ADDRESS	901 EAST CARY ST.	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN P R	
STREET ADDRESS	50 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARON M G	
STREET ADDRESS	SUITE 560 NATIONAL PLACE	
CITY-ST-ZIP	WASHINGTON DC 20004	

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)

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**E. T. TUTEN, CONTROLLER**  
**550 WATER STREET**

**JACKSONVILLE, FL 32202**

**J. T. PRICE, III, TREASURER**  
**301 WEST BAY STREET**

**JACKSONVILLE, FL 32202**

**JOHN WEST, VICE PRESIDENT**  
**550 WATER STREET**

**JACKSONVILLE, FL 32202**

**S M JONES, VICE PRESIDENT**  
**550 WATER STREET**

**JACKSONVILLE, FL 32202**

**C D LUMAN, VICE PRESIDENT**  
**550 WATER STREET**

**JACKSONVILLE, FL 32202**