

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F97000003670**1. Entity Name  
CSX RAIL PAYROLL SERVICES, INC.

## Principal Place of Business

500 WATER ST S/C J-160

JACKSONVILLE  
32202

FL

## Mailing Address

500 WATER ST S/C J-160

JACKSONVILLE  
32202

FL

## 2. Principal Place of Business

301 WEST BAY STREET

## 3. Mailing Address

500 WATER STREET

Suite, Apt. #, etc.  
J-160

Suite, Apt. #, etc.

City & State  
JACKSONVILLE  
FLCity & State  
JACKSONVILLE  
FLZip  
32202

Country

Zip  
32202

Country

## 4. FEI Number

59-3455047

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

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RDPLANTATION  
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 \_\_\_\_\_ 04/10/2001

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

(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Delete
NAME	SILER D.J.	
STREET ADDRESS	10407 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS P. K.	
STREET ADDRESS	301 W. BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERCZEK F.	
STREET ADDRESS	600 CARNEGIE BOULEVARD	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAVORITE F. J.	
STREET ADDRESS	500 WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	AFTOORA P. J.	
STREET ADDRESS	500 WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWINGER B. A.	
STREET ADDRESS	301 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS J L	
STREET ADDRESS	50 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS G W	
STREET ADDRESS	301 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVARA M T	
STREET ADDRESS	2101 REXFORD ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVORITE F J	
STREET ADDRESS	500 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	DGMT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE J T	
STREET ADDRESS	301 WEST BAY STREET	
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)