

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001085

1. Entity Name

CSX LINES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -1 AM 10:22

Principal Place of Business

2101 REXFORD RD., SUITE 350 WEST
CHARLOTTE NC 28211

Mailing Address

2101 REXFORD RD., SUITE 350 WEST
CHARLOTTE NC 28211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2101 Rexford Rd.

3. Mailing Address
500 Water St., J910

Suite, Apt. #, etc.
Suite 350 W.

Suite, Apt. #, etc.

City & State
Charlotte, NC

City & State
Jacksonville, FL

4. FEI Number
56-2098440

Applied For
Not Applicable

Zip
28211

Country

Zip
32202

Country

5. Certificate of Status Desired ☐ \$5.00 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004342018-3
-06/05/01--01076--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO <input type="checkbox"/> Delete Charles G. Raymond 2101 Rexford Road, Suite 350 W. Charlotte, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Finance & Planning-Tres. <input type="checkbox"/> Delete Karen L. Bowman 2101 Rexford Road, Suite 350 W. Charlotte, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & CIO <input type="checkbox"/> Delete William C. Donovan 2101 Rexford Road, Suite 350 W. Charlotte, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Operations & Labor Relations <input type="checkbox"/> Delete James C. McKenna 2101 Rexford Road, Suite 350 W. Charlotte, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-General Counsel & Sec. <input type="checkbox"/> Delete Robert S. Zuckerman 2101 Rexford Road, Suite 350 W. Charlotte, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. J. Borntraeger <input type="checkbox"/> Delete Tax Officer 500 Water Street Jacksonville, FL 32202

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

L. J. Borntraeger

4-30-01 (904) 633 5205