2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2010
Secretary of State

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Entity Name: CSX EQUIPMENT LEASING, LLC

Current Principal Place of Business:

500 WATER STREET, C160
JACKSONVILLE, FL 32202

New Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

500 WATER STREET, C160
JACKSONVILLE, FL 32202

New Mailing Address:

500 WATER STREET
C-160
JACKSONVILLE, FL 32202

FEI Number: 11-3667778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RESIDUAL ENTERPRISES CORPORATION
Address: 500 WATER STREET, C160
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: P
Name: BOOR, DAVID A
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP
Name: SIZEMORE, CAROLYN T
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPCS
Name: AUSTIN, MARK D
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPT
Name: BAGGS, DAVID H
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: MARK D. AUSTIN VPCS 01/20/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date