2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N34847

Entity Name: CSX TRANSPORTATION EMPLOYEES DISASTER RELIEF FUND, INC.

Current Principal Place of Business:

% GERALD L. NICHOLS
500 WATER ST., 15TH FLOOR #C160
JACKSONVILLE, FL 32202

New Principal Place of Business:

500 WATER STREET
C160
JACKSONVILLE, FL 32202

Current Mailing Address:

% GERALD L. NICHOLS
500 WATER ST., 15TH FLOOR #C160
JACKSONVILLE, FL 32202

New Mailing Address:

500 WATER STREET
C160
JACKSONVILLE, FL 32202

FEI Number: 59-3014415 **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 323012607 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FITZSIMMONS, ELLEN M
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: GOLDMAN, NATHAN D
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: MEYER, VANCE
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA D. WOOD SPEC 01/10/2007

Electronic Signature of Signing Officer or Director — Date