

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34847

FILED
Jan 21, 2008
Secretary of State

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

Current Principal Place of Business:

500 WATER STREET
C160
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
C160
JACKSONVILLE, FL 32202

New Mailing Address:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARKS, JIM JR
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

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

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

Title: CS () Change (X) Addition
Name: AUSTIN, MARK D
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: P () Change (X) Addition
Name: KAPLAN, TORI
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Change (X) Addition
Name: SEASE, GARY
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: MARK D. AUSTIN

CS

01/21/2008

Electronic Signature of Signing Officer or Director

Date