

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34847

FILED
Jan 22, 2010
Secretary of State

Entity Name: CSX EMPLOYEES DISASTER RELIEF FUND, INC.

Current Principal Place of Business:

500 WATER STREET
C160
JACKSONVILLE, FL 32202

New Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202 US

Current Mailing Address:

500 WATER STREET
C160
JACKSONVILLE, FL 32202

New Mailing Address:

500 WATER STREET
C-160
JACKSONVILLE, FL 32202 US

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: VPT
Name: CRAIG, SEAN
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: KELLY, JOE
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: BOWLING, DAVID
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

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

Title: DP
Name: KAPLAN, TORI
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: SEASE, GARY
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: MARK D. AUSTIN

CS

01/22/2010

Electronic Signature of Signing Officer or Director

Date