2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# N34847

Entity Name: CSX EMPLOYEES DISASTER RELIEF FUND, INC.

Current Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
JACKSONVILLE, FL 32202 US

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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 AUSTIN CS 04/05/2011

Electronic Signature of Signing Officer or Director Date