2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P16068

Entity Name: CSX SERVICES, INC.

Current Principal Place of Business:

301 W. BAY STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

2 NORTH CHARLES STREET
FLOOR 10TH
BALTIMORE, MD 21201

New Mailing Address:

FEI Number: 62-1294533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BLUMENFELD, ALAN P	
Address:	301 WEST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	ERENBERG, MICHAEL	
Address:	301 WEST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	RUTSKI, PETER	
Address:	301 WEST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	AS	( ) Delete
Name:	HARVEY, BRENDA L	
Address:	2 N. CHARLES ST., 10TH FLOOR	
City-St-Zip:	BALTIMORE, MD 21201	
Title:	DT	( ) Delete
Name:	STEPHENS, GREG	
Address:	301 WEST BAY ST	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	S	( ) Delete
Name:	GEIERSBACH, RACHEL	
Address:	500 WATER ST	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	NOEL, VAL	
Address:	301 WEST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA HARVEY AS 01/09/2004

Electronic Signature of Signing Officer or Director Date