PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90019 019 ***150.00

DOCU	JMENT	#	P23659

CSX INT	FERMODAL, INC.					
) (##\ ##\ # ### #### #### #### ### ### ### ### ####
Principal Place	e of Business	Mailing Address				()
301 W. BAY S	TREET	2 NORTH CHARLES STREET				
JACKSONVILLE	E FL 32202	STE. 1300				DO NOT MOITE IN THE COACE
		BALTIMORE MD 21201				DO NOT WRITE IN THIS SPACE
,						3. Date Incorporated or Qualified
		2a. Mailing Address				03/30/1989 4. FEI Number Applied For
2. Principal Place of Business		2a. Making Address			22-2325849 Not Applicable	
21 Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year
24	25	29	30		·	Intangible Personal Property. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
OT (CORRORATION CVOTEM			81	Name	
	CORPORATION SYSTEM O S. PINE ISLAND ROAD			82	Street Ade	Idress (P.O. Box Number is Not Acceptable)
1	NTATION FL 33324					
"	NIAHON-FL 33324			83	ĺ	
				84	City	FL 85 Zip Code
				Ш	<u> </u>	
11. Pursuant	to the provisions of sections 607.0502 registered agent, or both, in the State	l and 607.1508, Florida Statute of Florida. Such change was a	s, the ab	ove- d by	named corp the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obliga	tions of, section 607.0505, Flo	orida Stat	lutes	š.	
SIGNATURE.	Signature, typed or printed name of registered agent	1 - J - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	NE: Beginte	and A	ocat signature N	required when reinstating) DATE
12.	OFFICERS AN		13.	ii GCI 74	gant algricities 10	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	TLE		Change Addition
NAME	GOODWIN, PAUL		1.2 NA	ME		
STREET ADDRESS	901 E. CARY STREET		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	RICHMOND VA		1.4 CI	TY-ST	-ZIP	_
TITLE	D	DELETE	2.1 TIT	TLE		Change Addition
NAME	CARPENTER, A.R.	_	2.2 NA	ME	1	,
STREET ADDRESS	500 WATER STREET		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CI	TY-ST	-ZIP	
TITLE	AS	DELETE	3.1 TI	TLE		Change Addition
NAME :	HARVEY, BRENDA K		3.2 NA	AME		
STREET ADDRESS	2 NORTH CHARLES ST., STE.	1300	3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201		3.4 CI		-ZIP	
TITLE	AS	DELETE	4.1 TI			Change Addition
NAME	GEIERSBACH, RACHEL E		4.2 NA			
STREET ADDRESS	901 E. CARY STREET				ADDRESS	
CITY-ST-ZIP	RICHMOND VA	, <u>F</u>	4.4 CI		-ZIP	
TITLE	V	X_ DELETE	5.1 TII			President Change X Addition
NAME	CHAUDHURI, ASOK K		5.2 NA			Lester M. Passa
STREET ADDRESS	301 W. BAY STREET		5.3 ST	REET	ADDRESS	301 West Bay Street

JACKSONVILLE FL CITY-ST-ZIP 6.4 CITY-ST-ZiP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JACKSONVILLE FL 32202

PETERSON, MICHAEL G

301 WEST BAY STREET

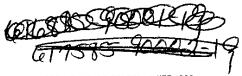
COUIR Brenda K. Harvey, Asst. Sec.

Jacksonville, FL 32202

410-6313-6307

__ Change ___ Addition

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2 NORTH CHARLES STREET, SUITE 1300
BALTIMORE, MARYLAND 21201
TELEPHONE (410) 613-6300
FACSIMILE (410) 613-6300

RISK MANAGEMENT

August 9, 1999

Florida Department of State Annual Reports Filings Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Annual Report - CSXI

Dear Sir or Madam:

Per my telephone conversation with your office, enclosed is the Profit Corporation Annual Report (Second Notice) for CSX Intermodal, Inc. We did not receive the First Notice.

Also enclosed is our check in the amount of \$150.00 covering the Report filing fee.

Sincerely,

Jean L. Spanos

Personal Injury and Liability Analyst

ean L Spans

/jls

Enclosures