


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

09-21-1999 90019 019 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23659**

1. Corporation Name  
**CSX INTERMODAL, INC.**



Principal Place of Business <b>301 W. BAY STREET JACKSONVILLE FL 32202</b>	Mailing Address <b>2 NORTH CHARLES STREET STE. 1300 BALTIMORE MD 21201</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/30/1989</b>	
4. FEI Number <b>22-2325849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, PAUL	1.2 NAME	
STREET ADDRESS	901 E. CARY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, A.R.	2.2 NAME	
STREET ADDRESS	500 WATER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, BRENDA K	3.2 NAME	
STREET ADDRESS	2 NORTH CHARLES ST., STE. 1300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIERSBACH, RACHEL E	4.2 NAME	
STREET ADDRESS	901 E. CARY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAUDHURI, ASOK K	5.2 NAME	President
STREET ADDRESS	301 W. BAY STREET	5.3 STREET ADDRESS	Lester M. Passa
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	301 West Bay Street
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	Jacksonville, FL 32202
NAME	PETERSON, MICHAEL G	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 WEST BAY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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.

**SIGNATURE:** Brenda K. Harvey **REQUIRE** Brenda K. Harvey, Asst. Sec. 410-6313-6307

CR2E034 (5/99)



RISK MANAGEMENT

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2 NORTH CHARLES STREET, SUITE 1300  
BALTIMORE, MARYLAND 21201  
TELEPHONE (410) 613-6309  
FACSIMILE (410) 613-6300

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

/jls

Enclosures