

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 024 ***550.00

DOCUMENT # P23659

1. Entity Name

CSX INTERMODAL, INC.

Principal Place of Business

301 W. BAY STREET
 JACKSONVILLE FL 32202

Mailing Address

2 NORTH CHARLES STREET
 STE. 1300
 BALTIMORE MD 21201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2325849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME GOODWIN, PAUL
 STREET ADDRESS 901 E. CARY STREET
 CITY-ST-ZIP RICHMOND VA

TITLE Director ☐ Change ☒ Addition
 NAME Ronald J. Conway
 STREET ADDRESS 301 West Bay Street
 CITY-ST-ZIP Jacksonville, FL 32202

TITLE D ☒ Delete
 NAME CARPENTER, A.R.
 STREET ADDRESS 500 WATER STREET
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE Secretary ☐ Change ☒ Addition
 NAME Mark S. Hoffman
 STREET ADDRESS 301 West Bay Street
 CITY-ST-ZIP Jacksonville, FL 32202

TITLE AS ☐ Delete
 NAME HARVEY, BRENDA K
 STREET ADDRESS 2 NORTH CHARLES ST., STE. 1300
 CITY-ST-ZIP BALTIMORE MD 21201

TITLE Senior VP Sales & Marketing ☐ Change ☒ Addition
 NAME J. Ganson Evans
 STREET ADDRESS 301 West Bay Street
 CITY-ST-ZIP Jacksonville, FL 32202

TITLE AS ☒ Delete
 NAME GEIERSBACH, RACHEL E
 STREET ADDRESS 901 E. CARY STREET
 CITY-ST-ZIP RICHMOND VA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P ☐ Delete
 NAME PASSA, LESTER M
 STREET ADDRESS 301 W. BAY STREET
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☒ Delete
 NAME PETERSON, MICHAEL G
 STREET ADDRESS 301 WEST BAY STREET
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda K. Harvey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18, 2000

410-613-6307

Date

Daytime Phone #

Brenda K. Harvey

CR2E034 (5/00)