2001	UNIFORM BUSI	R)	FILED							
DOCUMENT # P23659 1. Entity Name CSX INTERMODAL, INC.				Jan 03, 2001 08:00 AM Secretary of State						
Principal Place		Maiiing Address 2 North Charles Street								
JACKSONVILL 32202	E FL	STE. 1300 BALTIMORE 21201	MD							
2. Principal Place of Business		3. Mailing Address 2 NORTH CHARLES STREET								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State BALTIMORE MD			. FEI Number 22-2325849			—	Applied For	أً
Zip	Country	Zip 21201	Country	1	. Certificate of S			\$8.75 A Fee Requi	dditional	-
	6. Name and Address of Current R	egistered Agent	· · · · · · · · · · · · · · · · · · ·	7.	Name and Add	ress of New Ro	egistered :	<u> </u>	<u></u>	4
			Name				-3.010.04	190111		1
	RATION SYSTEM CISLAND ROAD		Street	Address (P.O.	Box Number is i	Not Acceptable)	<u> </u>	·	_
PLANTATIO 33324	ON FL US									_
			City				FL	Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office	or registered a	agent, or both, in	the State of Flo	rida.	<u> </u>		
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent sign	ature required when	reiostatino)	-	01/03 DATE	/2001	<u></u>	
		V. S. 24-9			- Tomotating)				<u>-</u>	1
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will be	5550.00		n Campaign Finand Contribution		\$5. I Add	00 May Be ed to Fees	
11.	OFFICERS AND D	IRECTORS	12.	/	ADDITIONS/CHA	NGES TO OFFI	CERS AND	DIRECTO	RS IN 11	4
TITLE	v	☐ Delete	TITLE	v				X Change		18
NAME	PETERSON MICHAEL G		NAME	FALLON	JAMES	\mathbf{w}			—	17.
STREET ADDRESS	301 WEST BAY STREET		STREET ADDRESS		T BAY STREET					034 (11/00)
CITY-ST-ZIP	JACKSONVILLE	FL	CITY-ST-ZIP	JACKSON	NVILLE		FL	32202		000
TITLE	P DAGGA INCOMP. M	Delete ,	TITLE					☐ Change	Addition	CRZE
NAME STREET ADDRESS	PASSA LESTER M 301 W. BAY STREET		NAME							~
CITY-ST-ZIP	JACKSONVILLE	FL 32202	STREET ADDRESS CITY-ST-ZIP	1						
TITLE	AS									-
NAME	GEIERSBACH RACHEL E	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	901 E. CARY STREET		STREET ADDRESS	;						
CITY-ST-ZIP	RICHMOND	VA	CITY-ST-ZIP							
TITLE	AS	☐ Delete	TITLE	AS				X Change	Addition	1
NAME CERTIFICATION	HARVEY BRENDA K		NAME	HARVEY						
STREET ADDRESS CITY-ST-ZIP	2 NORTH CHARLES ST., STE. 1300 BALTIMORE	MD 21201	STREET ADDRESS CITY-ST-ZIP	2 NORTH BALTIMO	CHARLES ST.,	10TH FLOOR	MD	21201		
TITLE	D	☐ Delete	TITLE	- 			MD	21201		-
NAME	CARPENTER A.R.	☐ Detete	NAME	D PASSA	LESTER	M		X Change	☐ Addition	
STREET ADDRESS	500 WATER STREET		STREET ADDRESS		T BAY STREET	2,2				
CITY-ST-ZIP	JACKSONVILLE	FL 32202	CITY-ST-ZIP	JACKSON	NVILLE		\mathbf{FL}	32202		
TITLE	D	☐ Delete	TITLE	D		_			Addition	1
NAME	GOODWIN PAUL		NAME	GOODWI	IN PAUL					
STREET ADDRESS CITY-ST-ZIP	901 E. CARY STREET RICHMOND	5 7.4	STREET ADDRESS	7012.0	RY STREET			22250		
		VA	CITY-ST-ZIP	RICHMO			VA	23219		4
of the corp	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that my rered to execute this report as	sicinatilice shall	have the com	a jacral affact sc.	if made under e	nthithat La	am an affici	er or director	
SIGNAT	URE: Brenda K, Harvey	NTED NAME OF SIGNING OFFICER OR	DISECTOS		AS 0	1/03/2001				
		violand or i total of				Date	L	laytime Phone #	n e	1

Date

Daytime Phone #