

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23659

Entity Name: CSX INTERMODAL, INC.

FILED  
Feb 16, 2007  
Secretary of State

## Current Principal Place of Business:

301 W. BAY STREET  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

2 NORTH CHARLES STREET  
11TH FLOOR  
BALTIMORE, MD 21201

## New Mailing Address:

FEI Number: 22-2325849      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/P ( ) Delete  
Name: HERTWIG, JAMES R  
Address: 301 WEST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: GOODEN, CLARENCE  
Address: 500 WATER ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS ( ) Delete  
Name: HARVEY, BRENDA K  
Address: 2 NORTH CHARLES ST., 11TH FLOOR  
City-St-Zip: BALTIMORE, MD 21201

Title: T ( ) Delete  
Name: HART, JOHN T  
Address: 301 WEST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: MUNOZ, OSCAR  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: CLEMENT, WILLIAM C  
Address: 301 WEST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: AUSTIN, MARK D  
Address: 500 WATER 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA D. PHILCOX

AS

02/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date