2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23659

Entity Name: CSX INTERMODAL, INC.

FILED Jan 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
301 W. BAY STREET JACKSONVILLE, FL 32202						
Current Mailing Address:				New Mailing Address:		
2 NORTH CHARLES STREET 11TH FLOOR BALTIMORE, MD 21201			500 WATER STREET C160 JACKSONVILLE, FL 32259			
FEI Number:	22-2325849	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and	JACKSONVILLE, FL 32259 E, MD 21201 2-2325849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Address of Current Registered Agent: Name and Address of New Registered Agent: RATION SYSTEM E ISLAND ROAD N, FL 33324 US amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, of Florida. E: Electronic Signature of Registered Agent Date Date AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
1200 S. PIN		AD .				
The above in the State		bmits this statement for the pu	rpose of	f changing it	s registere	d office or registered agent, or both,
SIGNATUR	E:					
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HERTWIG, JAME	S R STREET		Name:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () E GOODEN, CLARI 500 WATER ST. JACKSONVILLE,			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	S ()E AUSTIN, MARK D 500 WATER STR JACKSONVILLE,	EET		Title: Name: Address: City-St-Zip:	C AUSTIN, MA 500 WATER JACKSONVI	
Title: Name: Address: City-St-Zip:	T ()E HART, JOHN T 301 WEST BAY S JACKSONVILLE,			Title: Name: Address: City-St-Zip:	301 WEST I	(X) Change () Addition OBERT B JR BAY STREET ILLE, FL 32202
Title: Name: Address: City-St-Zip:	D ()E MUNOZ, OSCAR 500 WATER STR JACKSONVILLE,			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	V () E CLEMENT, WILL 301 WEST BAY S	STREET		Title: Name: Address:		(X) Change () Addition WILLIAM C BAY STREET

I hereby certify that the information supplied with this filing does not qualify 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: MARK D. AUSTIN CS 01/25/2008