FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:29

DOCUMENT # P26151 (1)

1. Corporation Name
CSX/SEA-LAND TERMINALS, INC.

Principal Place of Business	Mailing Address
301 WEST BAY ST. JACKSONVILLE FL 32202	301 WEST BAY ST. JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1989
3a. Date of Last Report: 02/02/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2863367 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	CLEMENT, JAMES R.	12 NAME	John Priest	
STREET ADDRESS	301 WEST BAY STREET	13 STREET ADDRESS	301 West Bay Street	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	T	21 TITLE	AS	☐ Change ☒ Addition
NAME	BUSHER, JOHN R.	22 NAME	Rachel Geiersbach	
STREET ADDRESS	200 INTERNATIONAL CIRCLE	23 STREET ADDRESS	901 East Cary Street, One James Center	
CITY-ST-ZIP	HUNT VALLEY MD	24 CITY-ST-ZIP	Richmond, VA 23219	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	ALLEN, ROBERT V.	32 NAME		
STREET ADDRESS	200 INTERNATIONAL CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SORROW, RONALD T	42 NAME		
STREET ADDRESS	200 INTERNATIONAL CIR	43 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PORTER, M. MCNEIL	52 NAME		
STREET ADDRESS	200 INTERNATIONAL CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	HARVEY, BRENDA K.	62 NAME		
STREET ADDRESS	200 INTERNATIONAL CIRCLE	63 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an asterisk.

SIGNATURE: _____ 1-31-95 410-584-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert V. Allen, Secretary

0013000 CP