

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90012 027 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26151

1. Corporation Name

CSX/SEA-LAND TERMINALS, INC.

Principal Place of Business

**301 WEST BAY ST.
JACKSONVILLE FL 32202**

Mailing Address

**2 NORTH CHARLES STREET
STE. 1300
BALTIMORE MD 21201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1989

4. FEI Number

59-2863367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **PASSA, LESTER M**
STREET ADDRESS **301 WEST BAY STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☒ DELETE
NAME **CHAUDHURI, ASOK K**
STREET ADDRESS **301 W BAY STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **HOFFMANN, MARK S**
STREET ADDRESS **301 WEST BAY STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **PETERSON, MICHAEL G**
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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director of Finance**
2.3 STREET ADDRESS **Peter Mills**
2.4 CITY-ST-ZIP **301 W. Bay Street**
Jacksonville, FL 32202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address.

SIGNATURE: **Brenda K. Harvey**, Asst. Sec. 7/6/99 (410) 613-6307

CR2E034 (5/99)

0115998



RISK MANAGEMENT

595471-90012-27
P26151

2 NORTH CHARLES STREET, SUITE 1300
BALTIMORE, MARYLAND 21201
TELEPHONE (410) 613-6300
FACSIMILE (410) 613-6300

July 6, 1999

Annual Reports Filings
Division of Corporations
POB 6327
Tallahassee, FL 32314

RE: Profit Corporation Annual Report for 1999
CSX/Sea-Land Terminals, Inc.

Dear Sir or Madam:

Enclosed please find the executed 1999 Annual Report for CSX/Sea-Land Terminals, Inc. along with our check in the amount of \$150.00. The report was stamped "Second Notice". Please be advised that we did not receive the first notice and were advised that it was returned to you in January 1999.

Enclosed is the completed Report along with our check in the amount of \$150.00.

If you need additional information, please call me at (410) 613-6308.

Sincerely,

Jean L. Spanos
Personal Injury & Liability Analyst

/jls

Enclosures