

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P26151**

1. Entity Name

CSX INTERMODAL TERMINALS, INC.**FILED**
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 023 ***550.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2863367

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
PASSA, LESTER M
301 WEST BAY STREET
JACKSONVILLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLS, PETER
301 W BAY STREET
JACKSONVILLE FL 32202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOFFMANN, MARK S
301 WEST BAY STREET
JACKSONVILLE FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETERSON, MICHAEL G
301 WEST BAY STREET
JACKSONVILLE FL 32202** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director-SVP Operations
James W. Fallon
301 West Bay Street
Jacksonville, FL 32202** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HARVEY, BRENDA K
2 NORTH CHARLES ST., STE. 1300
BALTIMORE MD 21201** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Peter Rutski
301 West Bay Street
Jacksonville, FL 32202** ☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18, 2000

Date

410-613-6307

Daytime Phone #

Brenda Harvey

CR2E034 (5/00)