2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# P26151

Entity Name: CSX INTERMODAL TERMINALS, INC.

Current Principal Place of Business:

301 WEST BAY ST.
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: 59-2863367 **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: DP ( ) Delete
Name: HERTWIG, JAMES R
Address: 301 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: D ( ) Delete
Name: CHILDS, JOHN J JR.
Address: 301 W BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: F ( ) Delete
Name: HART, JOHN T
Address: 301 W BAY ST
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: ( ) 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: T (X) Change ( ) Addition
Name: HART, JOHN T
Address: 301 W BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

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