

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34847

Entity Name: CSX EMPLOYEES DISASTER RELIEF FUND, INC.**Current Principal Place of Business:**500 WATER STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**500 WATER STREET
JACKSONVILLE, FL 32202 US**FEI Number:** 59-3014415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title D
Name TUCKER, BRYAN A
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name HAMILTON, REBECCA
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name KITCHEN, JOHN L
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name AUSTIN, MARK D.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name GARRISON, LATASHA
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name HOLLINGSWORTH, IAN F
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title P
Name TUCKER, BRYAN A
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title ASST. SECRETARY
Name HOLMAN, ANNE E.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNE E HOLMAN**ASSISTANT CORPORATE SECRETARY 04/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name STRUBHAR, LINDSEY M.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name SWEENEY, SHANNON
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title ASST. TREASURER
Name MCDUFFIE, THOMAS L.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202