

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 806099

**Entity Name:** CSX TRANSPORTATION, INC.

**Current Principal Place of Business:**

500 WATER STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

500 WATER STREET  
C-160  
JACKSONVILLE, FL 32202 US

**FEI Number:** 54-6000720

**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 DIRECTOR, CFO  
Name LONEGRO, FRANK A.  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, EVP  
Name HARRIS, EDMOND L.  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title VP, TREASURER  
Name PELKEY, SEAN R.  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title ACS  
Name ARMBRUST, STEVE C.  
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 DIRECTOR, EVP  
Name GOLDMAN, NATHAN D.  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, CEO  
Name FOOTE, JAMES M.  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202

Title SVP  
Name BARR, BRIAN  
Address 500 WATER STREET  
C-160  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK D. AUSTIN

**CORPORATE  
SECRETARY**

**03/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP  
Name BOYCHUK, JAMIE  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202

Title EVP  
Name SORFLEET, DIANA B.  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202

Title VP, CONTROLLER  
Name WILLIAMS, ANGELA C.  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202

Title SVP  
Name FRULLA, ROBERT J.  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202

Title EVP  
Name WALLACE, MARK K.  
Address 500 WATER STREET  
C-160  
City-State-Zip: JACKSONVILLE FL 32202