

**2014 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:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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/P/CEO  
Name WARD, MICHAEL J.  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title D/EVP/CCO  
Name GOODEN, CLARENCE W.  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title D/EVP/COO  
Name MUNOZ, OSCAR  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title VP/T  
Name BOOR, DAVID A.  
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 CS  
Name HITCHCOCK, PAUL R.  
Address 500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

*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:** PAUL R. HITCHCOCK

**CORPORATE  
SECRETARY**

**03/11/2014**

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

\_\_\_\_\_  
Date