

1.) CORPORATION NAME:

CSX Transportation, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **00503367**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC.

4445 CORPORATION LANE, 2ND FLOOR

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 WATER ST

CITY/ST/ZIP: JACKSONVILLE, FL 32202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: M J WARD
TITLE: P/CEO
ADDRESS: 500 WATER ST
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: FREDERIK ELIASSON
TITLE: PRESIDENT
ADDRESS: 500 WATER ST.
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: DEAN PIACENTE
TITLE: PRESIDENT
ADDRESS: 500 WATER ST
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: JOHN WEST
TITLE: PRESIDENT
ADDRESS: 500 WATER ST
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: CLARENCE GOODEN
TITLE: EXEC VP/CCO
ADDRESS: 500 WATER STREET
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY BETHEL VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BROWN VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRESSIE BROWN VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRAN CHINNICI VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE CRABLE VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SKIP ELLIOTT VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN FITZSIMMONS VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHAN GOLDMAN VICE PRESIDENT 500 WATER ST. JACKSONVILLE, VA 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. KYLE HANCOCK VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARY HELTON VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS JENKINS VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG KING VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA MANCINI VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MARKS VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER K MILLS VP OF FIN-OPS/T 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESTER PASSA VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE PENDERGRASS VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS RENJEL VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY SANBORN VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN SIZEMORE VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DERRICK SMITH TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MIKE SMITH TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAUL R HITCHCOCK TITLE: CORP SEC ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEVEN ARMBRUST TITLE: ASST SECRETARY ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID HOFFMAN TITLE: ASST SECRETARY ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: OSCAR MUNOZ TITLE: EVP/CFO ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID A BOOR TITLE: VICE PRESIDENT ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: NATHAN D GOLDMAN TITLE: VICE PRESIDENT ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM CLEMENT TITLE: VICE PRESIDENT ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL R HITCHCOCK	PAUL R HITCHCOCK, CORP SEC	12/8/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.