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|--|---|--|-------|------------|--------|------------|
| <b>SCC eFile</b>   | <b>2016 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 216505466  |       |            |        |            |
| 1.) CORPORATION NAME:<br><b>CSX Transportation, Inc.</b>   |   | DUE DATE: <b>1/31/2016</b>   |       |            |        |            |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATE CREATIONS NETWORK INC.<br/>6802 PARAGON PLACE SUITE 410<br/>RICHMOND, VA</b>  |   | SCC ID NO: <b>00503367</b>   |       |            |        |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   |   | 5.) STOCK INFORMATION  |       |            |        |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000,000 |
| CLASS  | AUTHORIZED  |  |       |            |        |            |
| COMMON   | 10,000,000  |  |       |            |        |            |
| 6.) PRINCIPAL OFFICE ADDRESS:  |   |  |       |            |        |            |
| ADDRESS: 500 WATER ST<br>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   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |            |
| TITLE: P/CEO   |   |  |       |            |        |            |
| ADDRESS: 500 WATER ST  |   |  |       |            |        |            |
| CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202   |   |  |       |            |        |            |
| NAME: CLARENCE GOODEN  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |            |
| TITLE: EXEC VP/CCO   |   |  |       |            |        |            |
| ADDRESS: 500 WATER STREET  |   |  |       |            |        |            |
| CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202   |   |  |       |            |        |            |
| NAME: DAVID A. BOOR  | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR  |       |            |        |            |
| TITLE: VP/TAX/TREAS  |   |  |       |            |        |            |
| ADDRESS: 500 WATER STREET  |   |  |       |            |        |            |
| CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202   |   |  |       |            |        |            |
| 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/ M J WARD   | M J WARD, P/CEO   | 2/12/2016  |       |            |        |            |
| 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. |   |  |       |            |        |            |