

1.) CORPORATION NAME:

DUE DATE: **11/30/2013**

CSX Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **01898816**

**CORPORATE CREATIONS NETWORK INC.
4445 CORPORATION LANE, 2ND FLOOR
VIRGINIA BEACH, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,800,000,000
SEP	25,000,000

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 STREET

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J WARD	
TITLE:	PRES/CEO/CHRMN	
ADDRESS:	500 WATER STREET	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK AUSTIN	
TITLE:	ASST CORP SEC	
ADDRESS:	500 WATER ST	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NATHAN GOLDMAN	
TITLE:	ASST CORP SEC	
ADDRESS:	500 WATER ST	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FREDRIK J ELIASSON	
TITLE:	EVP/CFO	
ADDRESS:	500 WATER STREET	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CLARENCE GOODEN	
TITLE:	EVP/CCO	
ADDRESS:	500 WATER ST	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONNA ALVARDO	
TITLE:	DIRECTOR	
ADDRESS:	500 WATER ST	
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN B BREAUX DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA CARTER DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN HALVERSON DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD KELLY III DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GIL LAMPHERE DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MCPHERSON DIRECTOR 500 WATER STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY O'TOOLE DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID RATCLIFFE DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD SHEPARD DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J.C. WATTS DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. STEVEN WHISLER DIRECTOR 500 WATER ST JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Ellen M. Fitzsimmons TITLE: EVP & CS 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/ MARK AUSTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK AUSTIN, ASST CORP SEC PRINTED NAME AND CORPORATE TITLE	10/8/2013 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.		