

1.) CORPORATION NAME:

CSX Intermodal Terminals, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1015645**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 550 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.

<p>NAME: WILBY W WHITT TITLE: PRESIDENT ADDRESS: 550 Water Street CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN A CROSBY TITLE: VICE PRESIDENT ADDRESS: 6737 Southpoint Dr. S. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32216</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK D AUSTIN TITLE: CORP SEC ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID A. BOOR TITLE: TREASURER ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID BOWLING TITLE: DIRECTOR ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER SHUDTZ TITLE: DIRECTOR ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN M. WILLIS TITLE: ASST SECRETARY ADDRESS: 550 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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
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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 D AUSTIN	MARK D AUSTIN, CORP SEC	8/23/2013
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.