

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003301

FILED
Apr 20, 2009
Secretary of State

Entity Name: TRANSCORE HOLDINGS, INC.

Current Principal Place of Business:

8158 ADAMS DRIVE
HUMMELSTOWN, PA 17036

New Principal Place of Business:

Current Mailing Address:

8158 ADAMS DRIVE
HUMMELSTOWN, PA 17036

New Mailing Address:

FEI Number: 25-1844371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORTHINGTON, JOHN M
Address: 8158 ADAMS DR.
City-St-Zip: HUMMELSTOWN, PA 17036

Title: D () Delete
Name: SIMPLER, JOHN A
Address: 2160 SATELLITE BLVD, SUITE 200
City-St-Zip: DULUTH, GA 30097

Title: D () Delete
Name: LINER, DAVID B
Address: 2160 SATELLITE BLVD STE 200
City-St-Zip: DULUTH, GA 30097

Title: D () Delete
Name: HUMPHREY, JOHN R
Address: 2160 SATELLITE BLVD STE 200
City-St-Zip: DULUTH, GA 30097

Title: D () Delete
Name: SONI, PAUL
Address: 2160 SATELLITE BLVD, SUITE 200
City-St-Zip: DULUTH, GA 30097

Title: VPAS () Delete
Name: GRABAS, JOSEPH S
Address: 8614 WESTWOOD CTR DR 310
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH S GRABIAS

VPAS

04/20/2009

Electronic Signature of Signing Officer or Director

Date