

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001607

FILED
Jan 16, 2012
Secretary of State

Entity Name: TRANSWORKS INC.

Current Principal Place of Business:

THREE COMMERCIAL PLACE
OFF OF CORP SECETARY
NORFOLK, VA 235102191 US

New Principal Place of Business:

Current Mailing Address:

THREE COMMERCIAL PLACE
OFF OF CORP SECETARY
NORFOLK, VA 235102191 US

New Mailing Address:

FEI Number: 54-1657310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SEALE, DONALD W
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 235102191 US

Title: V
Name: HIXON, JAMES A
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 235102191 US

Title: AS
Name: FARLESS, LESLIE S
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 235102191 US

Title: S
Name: HUTSON, DENISE W
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 235102191 US

Title: VD
Name: SQUIRES, JAMES A
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 235102191 US

Title: T
Name: SUBLETT, JUDITH K
Address: 110 FRANKLIN RD SE
City-St-Zip: ROANOKE, VA 24042 US

I hereby 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 all other like empowered.

SIGNATURE: LESLIE S. FARLESS

AS

01/16/2012

Electronic Signature of Signing Officer or Director

_____ Date