

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003301

**Entity Name:** TRANSCORE HOLDINGS, INC.**Current Principal Place of Business:**150 4TH AVENUE NORTH  
SUITE 1200  
NASHVILLE, TN 37219**Current Mailing Address:**3721 TECPORT DRIVE  
SUITE 102  
HARRISBURG, PA 17111 US**FEI Number:** 25-1844371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Officer/Director Detail :****Title** VP FINANCE & ASSISTANT  
SECRETARY**Name** GRABIAS, JOSEPH S**Address** 150 4TH AVENUE NORTH  
SUITE 1200**City-State-Zip:** NASHVILLE TN 37219**Title** D**Name** HUMPHREY, JOHN R**Address** 6901 PROFESSIONAL PARKWAY  
EAST STE 200**City-State-Zip:** SARASOTA FL 34240**Title** PRESIDENT**Name** MARKS, TRACY S**Address** 150 4TH AVENUE NORTH  
SUITE 1200**City-State-Zip:** NASHVILLE TN 37219**Title** VP, TREASURER & ASSISTANT  
SECRETARY**Name** SONI, PAUL J**Address** 6901 PROFESSIONAL PARKWAY  
EAST  
SUITE 200**City-State-Zip:** SARASOTA FL 34240**Title** D**Name** LINER, DAVID B**Address** 6901 PROFESSIONAL PARKWAY  
EAST STE 200**City-State-Zip:** SARASOTA FL 34240**Title** D**Name** SONI, PAUL**Address** 6901 PROFESSIONAL PARKWAY  
EAST STE 200**City-State-Zip:** SARASOTA FL 34240**Title** VP**Name** BUHSMER, JACK**Address** 6901 PROFESSIONAL PARKWAY  
EAST  
SUITE 200**City-State-Zip:** SARASOTA FL 34240**Title** VICE PRESIDENT & SECRETARY**Name** LINER, DAVID B**Address** 6901 PROFESSIONAL PARKWAY  
EAST  
SUITE 200**City-State-Zip:** SARASOTA FL 34240

*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:** JOSEPH S GRABIASVP FINANCE &  
ASSISTANT SECRETARY

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date