2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001191

Entity Name: TRANSFORCE INC.

Current Principal Place of Business:

5520 CHEROKEE AVE SUITE 200 ALEXANDRIA. VA 22312

Current Mailing Address:

5520 CHEROKEE AVE SUITE 200 ALEXANDRIA, VA 22312

FEI Number: 54-1922539 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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

FILED Apr 24, 2015

Secretary of State

CC2623751485

Officer/Director Detail:

Title PC Title \

Name BROOME, DAVID Name DOLAN, JOE

Address 5520 CHEROKEE AVE SUITE 200 Address 5520 CHEROKEE AVE SUITE 200

City-State-Zip: ALEXANDRIA VA 22312 City-State-Zip: ALEXANDRIA VA 22312

Title ST Title VC

Name FOWLER, HOWARD Name RAYNOR, DANIEL

Address 5520 CHEROKEE AVE SUITE 200 Address 5520 CHEROKEE AVE SUITE 200

City-State-Zip: ALEXANDRIA VA 22312 City-State-Zip: ALEXANDRIA VA 22312

Title D Title C

Name MACDONALD, JAMES Name STEVENS, ED

Address 5520 CHEROKEE AVE SUITE 200 Address 5520 CHEROKEE AVE SUITE 200

City-State-Zip: ALEXANDRIA VA 22312 City-State-Zip: ALEXANDRIA VA 22312

Title CONTROLLER
Name ARONSON, BILL

Address 5520 CHEROKEE AVE

SUITE 200

City-State-Zip: ALEXANDRIA VA 22312

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: BILL ARONSON CONTROLLER 04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date