2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2025
Secretary of State
8707970460CC

DOCUMENT# F14000001191

Entity Name: TRANSFORCE INC.

Current Principal Place of Business:

6363 WALKER LANE
SUITE 410
ALEXANDRIA, VA 22310

Current Mailing Address:

6363 WALKER LANE
SUITE 410
ALEXANDRIA, VA 22310 US

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

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY
Name	ABRAMS, ELIZABETH	Name	HUNT, JILLIAN
Address	6363 WALKER LANE SUITE 410	Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310	City-State-Zip:	ALEXANDRIA VA 22310
Title	TREASURER, CFO	Title	PRESIDENT
Name	YUNG, DEREK	Name	MACFARLANE, STU
Address	6363 WALKER LANE SUITE 410	Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310	City-State-Zip:	ALEXANDRIA VA 22310
Title	DIRECTOR	Title	DIRECTOR
Name	BEATO, JACKIE	Name	GOLDBERG, ROBERT
Address	6363 WALKER LANE SUITE 410	Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310	City-State-Zip:	ALEXANDRIA VA 22310
Title	DIRECTOR	Title	DIRECTOR
Name	ROPP, WILLSON	Name	SHEBITZ, ADAM
Address	6363 WALKER LANE SUITE 410	Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310	City-State-Zip:	ALEXANDRIA VA 22310

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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: JILLIAN HUNT SECRETARY 03/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STRABONE, MATT
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	CHIEF PRODUCT OFFICER
Name	CUNNINGHAM, DOUG
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	DIRECTOR
Name	DIAZ-GRANADOS, RAFAEL ANDRES
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	DIRECTOR
Name	HENDERSON, REBECCA
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310