

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001607

**Entity Name:** TRANSWORKS INC.

**Current Principal Place of Business:**

THREE COMMERCIAL PLACE  
OFF OF CORP SECETARY  
NORFOLK, VA 23510-2191

**Current Mailing Address:**

THREE COMMERCIAL PLACE  
OFF OF CORP SECETARY  
NORFOLK, VA 23510-2191 US

**FEI Number:** 54-1657310

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name EARHART, CYNTHIA C  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510-2191

Title V  
Name HIXON, JAMES A  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510-2191

Title AS  
Name FARLESS, LESLIE S  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510-2191

Title S  
Name SWAIN, KINSHA O  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510-2191

Title VD  
Name WHEELER, MICHAEL J.  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510-2191

Title T  
Name MOORE, CLAIBORNE L.  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510

*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 FARLESS

**ASSISTANT CORPORATE 03/02/2016  
SECY.**

Electronic Signature of Signing Officer/Director Detail

Date