2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 24, 2006 08:00 Al Secretary of State DOCUMENT # B01000000385 1. Entity Name TRANSCORE, LP Mailing Address Principal Place of Business 8158 ADAMS DRIVE, LIBERTY CENTRE, BLD. 200 8158 ADAMS DRIVE, LIBERTY CENTRE, BLD. 200 HUMMELSTOWN, PA 17036 HUMMELSTOWN, PA 17036 03282006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 25-1730334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. M01000002415 DOCUMENT # TLP HOLDINGS, LLC NAME STREET AUDRESS 8158 ADAMS DRIVE, LIBERTY CENTRE, BLD. 200 CITY-ST-ZIP HUMMELSTOWN, PA 17036 DOCUMENT # U00000531867 NAME 05/06/06-80062-007 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CRTY-ST-ZIP

AND TYPED OR PRINTED NAM SIGNING GENERAL PARTNER