

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**

**Due By May 1, 2008**

**DOCUMENT # B01000000385**

1. Entity Name  
**TRANSCORE, LP**



**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**8158 ADAMS DRIVE, LIBERTY CENTRE, BLD. 200  
HUMMELSTOWN, PA 17036**

Mailing Address  
**8158 ADAMS DRIVE, LIBERTY CENTRE, BLD. 200  
HUMMELSTOWN, PA 17036**



01162008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**25-1730334**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!! FEE IS \$500.00  
After May 1, 2008, 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>M01000002415</b>
NAME	<b>TLP HOLDINGS, LLC</b>
STREET ADDRESS	<b>8158 ADAMS DRIVE, LIBERTY CENTRE, BLD. 200</b>
CITY-ST-ZIP	<b>HUMMELSTOWN, PA 17036</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000823570  
02/20/08-80044-015-500.00

**DO NOT WRITE  
IN THIS SPACE**

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** **JOSEPH S. GRABIAS**

**1/22/08**

**(717) 561-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #