

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 005 ***150.00

DOCUMENT # F00000003301

1. Entity Name
TRANSCORE HOLDINGS, INC.



Principal Place of Business
8158 ADAMS DRIVE,
HUMMELSTOWN, PA 17036

Mailing Address
8158 ADAMS DRIVE
HUMMELSTOWN, PA 17036

40024772



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

Chg-P

CR2E034 (12/06)

4. FEI Number

25-1844371

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WORTHINGTON, JOHN M	
STREET ADDRESS	8158 ADAMS DR.	
CITY-ST-ZIP	HUMMELSTOWN, PA 17036	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPLER, JOHN A	
STREET ADDRESS	2160 SATELLITE BLVD, SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TOWE, MICHAEL	
STREET ADDRESS	2160 SATELLITE BLVD, SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'GRADY, TOM	
STREET ADDRESS	2160 SATELLITE BLVD, SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	D	<input type="checkbox"/> Delete
NAME	SONI, PAUL	
STREET ADDRESS	2160 SATELLITE BLVD, SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JELLISON, BRIAN DENNIS	
STREET ADDRESS	2160 SATELLITE BLVD., SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID B. LINER	
STREET ADDRESS	2160 SATELLITE BLVD. SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN REID HUMPHREY	
STREET ADDRESS	2160 SATELLITE BLVD. SUITE 200	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	VP FINANCE, ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH S. GRABAS	
STREET ADDRESS	8014 WESTWOOD CENTER DR. #310	
CITY-ST-ZIP	VIENNA, VA 22182	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph S. Grabas

JOSEPH S. GRABAS

1/22/08

(717) 561-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #