

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90004 003 ***150.00

DOCUMENT # F94000002817

1. Entity Name
TRANSCORE ITS, INC.



Principal Place of Business
**8158 ADAMS DR
HUMMELSTOWN, PA 17036 US**

Mailing Address
**8158 ADAMS DR.
LIBERTY CENTRE -BLDG 200
HUMMELSTOWN, PA 17036 US**

54017998



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
94-3198006

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SIMLER, JOHN A
5100 W COPANS RD STE 100A
MARGATE, FL 33063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Simler, John A
11471 W. Sample Rd., Ste 31
Coral Springs, FL 33065** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SPARKS, DAVID G
1515 CLYDESDALE DR, RAFTER S
JACKSON, WY 83001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Sparks, David G
P.O. Box 9648
JACKSON, WY 83002** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HOLLING, MICHAEL F
16411 MARCY ST
OMAHA, NE 68118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Rausch, Robert G.
2500 Parkway Ln. Suite 600
Norcross, GA 30092** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
TERRY, DOUGLAS C
3500 PARKWAY LANE STE 600
NORCROSS, GA 300922832** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/AS
Perry, William N.
8158 Adams Dr.
Hummelstown PA 17036** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
WIEGAND, CLAUDIA F
8158 ADAMS DRIVE
HUMMELSTOWN, PA 17036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
mohler, Scott E.
3500 Parkway Ln., Suite 600
Norcross GA 30092** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
JOHNSON, DAVID A
19111 DALLAS PARKWAY STE 300
DALLAS, TX 75287** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William N. Perry, Jr.

William N. Perry, Jr.

03/05/04

717-566-1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #