


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90051 044 \*\*\*150.00

<b>DOCUMENT # F94000002817</b>		
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
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40017958



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 94-3198006		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		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, 2005 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 11471 W SAMPLE RD, SUITE 31 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT TOWE, MICHAEL 2160 Satellite Blvd, Suite 200 Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPARKS, DAVID G PO BOX 9648 JACKSON, WY 83002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY O'Grady, TOM 2160 Satellite Blvd, Suite 200 Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLING, MICHAEL F 16411 MARCY ST OMAHA, NE 68118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/ASSISTANT SECRETARY SONI, PAUL 2160 Satellite Blvd, Suite 200 Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TERRY, DOUGLAS C 3500 PARKWAY LANE STE 600 NORCROSS, GA 300922832	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WIEGAND, CLAUDIA F 8158 ADAMS DRIVE HUMMELSTOWN, PA 17036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JOHNSON, DAVID A 19111 DALLAS PARKWAY STE 300 DALLAS, TX 75287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

(717) 561-2400

Daytime Phone #

# ATTACHMENT

40017958

# 794000002817

TRANSCORE ITS, INC

Directors/Officers

Directors Name	Business Address	Position
Michael Towe	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Director
Tom O'Grady	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Director
Paul Soni	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Director

Officers	Business Address	Position
Michael Towe	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	President
Tom O'Grady	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Secretary
Paul Soni	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Treasurer/Assistant Secretary