

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90073 048 ***150.00

DOCUMENT # F94000002817

1. Entity Name
TRANSCORE ITS, INC.



Principal Place of Business
**14 E. WASHINGTON ST.
STE 401
ORLANDO FL 32801
US**

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

90017204



2. Principal Place of Business
8158 Adams Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hummelstown, PA

City & State

4. FEI Number **94-3198006**

Applied For
Not Applicable

Zip **17036** Country **U.S.A.**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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

TITLE **DV** ☐ Delete
NAME **SPARKS, D.G.**
STREET ADDRESS **8158 ADAMS DRIVE**
CITY-ST-ZIP **HUMMELSTOWN PA 17036**

TITLE ☒ Change ☐ Addition
NAME **DV Sparks, David G.**
STREET ADDRESS **1515 Clydesdale Drive, Rafter 5.**
CITY-ST-ZIP **Jackson, WY 83001**

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

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

TITLE **DV** ☐ Delete
NAME **TERRY, DOUGLAS C**
STREET ADDRESS **3500 PARKWAY LANE STE 600**
CITY-ST-ZIP **NORCROSS GA 30092-2832**

TITLE **V** ☐ Change ☒ Addition
NAME **Rausch, Robert G. Jr.**
STREET ADDRESS **3500 Parkway Lane, STE 600**
CITY-ST-ZIP **Norcross, GA 30092**

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

TITLE ☐ Change ☒ Addition
NAME **VAS Perry, William W.**
STREET ADDRESS **8158 Adams Drive**
CITY-ST-ZIP **Hummelstown, PA 17036**

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

TITLE **V** ☐ Change ☒ Addition
NAME **Smith, Steven A.**
STREET ADDRESS **30 S. Harbor Blvd., STE 514**
CITY-ST-ZIP **Anaheim, CA 92805**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03
Date

Daytime Phone #

CR2E034 (10/02)