## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M05000004304

1. Entity Name

TRANSCORE COMMERCIAL SERVICES, LLC



Principal Place of Business

11000 S.W. STRATUS STREET, SUITE 100 BEAVERTON, OR 97008

Mailing Address

11000 S.W. STRATUS STREET, SUITE 100-BEAVERTON, OR-97008

8158 Adams Dowe Hummelstown, PA 17036

## FILED May 09, 2006 8:00 am Secretary of State

05-09-2006 90009 008 \*\*\*\*50.00

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04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2282247

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent.

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

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the obligations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTRM TRANSCORE, LP 2160 SATELLITE BLVD., SUITE 200 DULUTH, GA 30097		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		- · · · · ·	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1.26.00

717.561.2400