

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000004304

1. Entity Name
TRANSCORE COMMERCIAL SERVICES, LLC



Principal Place of Business
11000 S.W. STRATUS STREET, SUITE 100
BEAVERTON, OR 97008 US

Mailing Address
8158 ADAMS DRIVE
HUMMELSTOWN, PA 17036 US

FILED
Feb 11, 2008 08:00 AM
Secretary of State



01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75.
After May 1, 2008 Fee will be \$538.75

U000000821822
02/19/08-80043-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MTRM
NAME	TRANSCORE, LP
STREET ADDRESS	2160 SATELLITE BLVD., SUITE 200
CITY-ST-ZIP	DULUTH, GA 30097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

JOSEPH S. GRABIAS

1/22/08

Date

(717) 561-2400

Daytime Phone #