

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004304

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** TRANSCORE COMMERCIAL SERVICES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

8158 ADAMS DRIVE  
HUMMELSTOWN, PA 17036 US

**New Mailing Address:**

**FEI Number:** 52-2282247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MTRM  
Name: TRANSCORE, LP  
Address: 2160 SATELLITE BLVD., SUITE 200  
City-St-Zip: DULUTH, GA 30097

Title: PRES  
Name: BICKMORE, JOHN  
Address: 11000 SW STRATUS ST STE 100  
City-St-Zip: BEAVERTON, OR 97008

Title: VPS  
Name: GRABIAS, JOSEPH S  
Address: 8158 ADAMS DR  
City-St-Zip: HUMMELSTOWN, PA 17036

Title: VPS  
Name: SONI, PAUL J  
Address: 6901 PROFESSIONAL PARKWAY EAST STE 200  
City-St-Zip: SARASOTA, FL 34240

Title: AVP  
Name: MCGRAW, GEORGE P  
Address: 3414 MIDCOURT RD STE 102  
City-St-Zip: CARROLLTON, TX 75006

Title: AVP  
Name: SCHRADER, DAVID  
Address: 11000 SW STRATUS ST STE 100  
City-St-Zip: BEAVERTON, OR 97008

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH GRABIAS

VPS

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date