

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001191

**Entity Name:** TRANSFORCE INC.**Current Principal Place of Business:**5520 CHEROKEE AVE SUITE 200  
ALEXANDRIA, VA 22312**Current Mailing Address:**5520 CHEROKEE AVE SUITE 200  
ALEXANDRIA, VA 22312**FEI Number:** 54-1922539**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | PC                          |
| Name            | BROOME, DAVID               |
| Address         | 5520 CHEROKEE AVE SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | V                           |
| Name            | DOLAN, JOE                  |
| Address         | 5520 CHEROKEE AVE SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | ST                          |
| Name            | FOWLER, HOWARD              |
| Address         | 5520 CHEROKEE AVE SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VC                          |
| Name            | RAYNOR, DANIEL              |
| Address         | 5520 CHEROKEE AVE SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | D                           |
| Name            | MACDONALD, JAMES            |
| Address         | 5520 CHEROKEE AVE SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | D                           |
| Name            | STEVENS, ED                 |
| Address         | 5520 CHEROKEE AVE SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312         |

|                 |                                |
|-----------------|--------------------------------|
| Title           | CONTROLLER                     |
| Name            | ARONSON, BILL                  |
| Address         | 5520 CHEROKEE AVE<br>SUITE 200 |
| City-State-Zip: | ALEXANDRIA VA 22312            |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BILL ARONSON**CONTROLLER****04/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date