

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001191

Entity Name: TRANSFORCE INC.**Current Principal Place of Business:**6363 WALKER LANE
SUITE 410
ALEXANDRIA, VA 22310**Current Mailing Address:**6363 WALKER LANE
SUITE 410
ALEXANDRIA, VA 22310 US**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	DIRECTOR
Name	BROOME, DAVID
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	SECRETARY
Name	MALARNEY, MICHAEL
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	DIRECTOR
Name	BRUJIS, LEON
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	TREASURER
Name	HALL, ADAM
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	DIRECTOR
Name	REYMOND, KEVIN
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	PRESIDENT, DIRECTOR
Name	COOKE, DENNIS
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

Title	DIRECTOR
Name	MCGUIRT, ANDREA
Address	6363 WALKER LANE SUITE 410
City-State-Zip:	ALEXANDRIA VA 22310

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: MICHAEL MALARNEY**SECRETARY****01/25/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date