

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90051 043 ***150.00

DOCUMENT # F0100000598

1. Entity Name
TRANSCORE COMMERCIAL SERVICES, INC.



Principal Place of Business
**11000 S.W. STRATUS, STE. 100
 BEAVERTON, OR 97008**

Mailing Address
**8158 ADAMS DRIVE
 HUMMELSTOWN, PA 17036**

40017500



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
52-2288847

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHINGTON, JOHN W 8158 ADAMS DRIVE HUMMELSTOWN, PA 17036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPARKS, DAVID G 8158 ADAMS DRIVE HUMMELSTOWN, PA 17036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WIEGAND, CLAUDIA F 8614 WESTWOOD CENTER DR STE 310 VIENNA, VA 221822233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/PRESIDENT Towe Michael 2160 Satellite Blvd, Suite 200 Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/SECRETARY O'Grady, TOM 2160 Satellite Blvd, Suite 200 Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Assistant Secretary Soni, Paul 2160 Satellite Blvd, Suite 200 Duluth, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J. Soni Date: 2/10/05 Daytime Phone #: 717-561-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40017959

401000000598

TRANSCORE COMMERCIAL SERVICES, INC.

Directors/Officers

Directors Name	Business Address	Position
Michael Towe	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Director
Tom O'Grady	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Director
Paul Soni	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Director

Officers	Business Address	Position
Michael Towe	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	President
Tom O'Grady	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Secretary
Paul Soni	2160 Satellite Blvd., Suite 200; Duluth, GA 30097	Treasurer/Assistant Secretary