

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000891

**FILED  
Apr 01, 2016  
Secretary of State  
CC6080438387**

**Entity Name:** KAPSCH TRAFFICCOM IVHS INC.

**Current Principal Place of Business:**

8201 GREENSBORO DRIVE  
SUITE 1002  
MCLEAN, VA 22102

**Current Mailing Address:**

8201 GREENSBORO DRIVE  
SUITE 1002  
MCLEAN, VA 22102 US

**FEI Number: 16-1317836**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO, DIRECTOR  
Name            MURRAY, CHRISTOPHER  
Address        8201 GREENSBORO DRIVE  
                  SUITE 1002  
City-State-Zip: MCLEAN VA 22102

Title            TREASURER  
Name            HOFER, MICHAEL  
Address        8201 GREENSBORO DRIVE  
                  SUITE 1002  
City-State-Zip: MCLEAN VA 22102

Title            DIRECTOR  
Name            PLASCHKA, GERHARD  
Address        8201 GREENSBORO DRIVE  
                  SUITE 1002  
City-State-Zip: MCLEAN VA 22102

Title            DIRECTOR  
Name            TURNOCK, RICHARD  
Address        8201 GREENSBORO DRIVE  
                  SUITE 1002 SUITE 1002  
City-State-Zip: MCLEAN VA 22102

*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: CHRISTOPHER MURRAY**

**CEO**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date