

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213540605

1.) CORPORATION NAME:

Kapsch TrafficCom IVHS Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 301
GLEN ALLEN, VA**

SCC ID NO: **F1432576**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8201 GREENSBORO DR
SUITE 1002

CITY/ST/ZIP: MCLEAN, VA 22102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER MURRAY	
TITLE:	PRESIDENT	
ADDRESS:	8201 GREENSBORO DR SUITE 1002 MCLEAN, VA 22102	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICK GEGENHEIMER	
TITLE:	VICE PRESIDENT	
ADDRESS:	54 SOUTH COMMERCE WAY SUITE 100 BETHLEHEM, PA 18017	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL MANUEL	
TITLE:	VICE PRESIDENT	
ADDRESS:	6020 AMBLER DRIVE , , FN	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD ARCE	
TITLE:	CSOO	
ADDRESS:	8201 GREENSBORO DR SUITE 1002 MCLEAN, VA 22102	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GERHARD PLASCHKA	
TITLE:	CHAIRMAN	
ADDRESS:	340 W. DIVERSITY PARKWAY #2819 CHICAGO, IL 60657	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PETER SCHUCHLENZ	
TITLE:	DIRECTOR	
ADDRESS:	AM EUROPLATZ 2 , , FN	
CITY/ST/ZIP/CO:		

NAME:	Michael Hofer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8201, Greensboro Drive		
CITY/ST/ZIP/CO:	Mclean, VA 22102		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Michael Hofer	Michael Hofer, DIRECTOR	8/29/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.