State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
128199	TRUEPOSITION, INC.

3. Principal Office Address	City	State	Zip
1400 LIBERTY RIDGE DRIVE SUITE 102	WAYNE	PA	19087

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 2990	SALE AND INSTALLATION OF HARDWARE AND SOFTWARE SYSTEMS THAT DETERMINE LOCATION OF WIRELESS DEVICES
5. State of Incorporation: DELAWARE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
CRAIG WAGGY	1400 LIBERTY RIDGE DRIVE SUITE 102	WAYNE	PA	19087

Vice-President Name	Street Address	City	State	Zip
TY KEARNS	12300 LIBERTY BLVD	ENGLEWOOD	CO	80112

Secretary Name	Street Address	City	State	Zip
RODMAN FORTER	1400 LIBERTY RIDGE DRIVE SUITE 102	WAYNE	PA	19087

Treasurer Name	Street Address	City	State	Zip
MICHAEL HOPPMAN	1400 LIBERTY RIDGE DRIVE SUITE 102	WAYNE	PA	19087

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
CRAIG WAGGY	1400 LIBERTY RIDGE DRIVE SUITE 102	WAYNE	PA	19087

Director Name	Street Address	City	State	Zip
TIM LENNEMAN	12300 LIBERTY BLVD	ENGLEWOOD	CO	80112

Director Name	Street Address	City	State	Zip
MARTY PATTERSON	12300 LIBERTY BLVD	ENGLEWOOD	CO	80112

Director Name	Street Address	City	State	Zip
RACHEL THORNTON	12300 LIBERTY BLVD	ENGLEWOOD	CO	80112

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1	COMMON	.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
TY KEARNS	2/12/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 01 2018

BY 386 DS

FORM 630 - Revised: 10/2017