Washington Metropolitan Area Transit Commission

2011 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a $150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **$100 late fee**. Each carrier that fails to pay the $150 annual fee on time will be assessed a separate **$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

1630	J T E Inc.
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

1500 Old Drummer Boy Lane Ft. Washington, MD 20744-4265
*Street Address of Principal Place of Business

1500 Old Drummer Boy Lane, Ft Washington, MD 20744-4265
Mailing Address (if different from street address)

(301) 203-7022	(240) 876-3018	(301) 203-2899	jtetransportation@yahoo.com
*Telephone Number	Other Telephone	Fax Number	E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Jerome Leonard	Vice-President
*Name	*Title

(301) 203-7022	(240) 876-3018	(301) 203-2899	jtetransportation@yahoo.com
*Telephone Number	Other Telephone	Fax Number	E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS
*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process

Street Address

Telephone Number	Other Telephone	Fax Number	E-mail

N/A

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
20	PB1050 2006	IC Bus	4DRBUAAPX6A294956	H1079C	MD	42
23	PB1050 2006	IC Bus	4DRBUAAP16A294960	H5310C	MD	42
25	B2B 2008	Thomas Bus	4UZABRDC58CY91819	17195H	MD	48

6. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Jerome Leonard
*Name (Type or Print)

Jerome Leonard
*Signature

Vice-President
*Title

1-31-11
*Date

rev. 12/28/10