

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:

196 | Schrock Inc.

*WMATC No. | *Name of Carrier (as shown on certificate of authority)

629 Main Street, #6, Berlin, PA 15530-7118

*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(814) 267-3566

(814) 267-5818

*Telephone Number

Other Telephone

Fax Number

E-mail

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

Ms. Linda Johnson

Administrative Assistant

*Name

*Title

(814) 267-3566

(814) 267-5818

*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.

United Motorcoach Association

Name of Registered Agent for Service of Process

113 South West Street, 4th Floor, Alexandria, VA 22314-2824

Street Address

(703) 838-2929

www.uma.org

Telephone Number

Other Telephone

Fax Number

E-mail

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.

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
<i>SEE ATTACHED</i>						

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.

LARRY B. SCHROCK

 *Name (Type or Print)

PRESIDENT

 *Title

Larry B. Schrock

 *Signature

1-14-11

 *Date

Washington Metropolitan Area Transit Commission**2011 Annual Report: Revenue Vehicle List**

Name: Schrock Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
105	2006	Prevost	2PCX3349261028816	BN00759	PA	55
205	2006	Prevost	2PCX3349161028810	BN00760	PA	55
305	2007	Prevost	2PCG3349371729141	BN00978	PA	44
405	2001	Prevost	2PCX3349311027361	BN01164	PA	55
605	2008	MCI	1M86DMHA58P058337	BN00933	PA	55
804	1989	MCI	1TUDCH8A2KR006868	BN00127	PA	47
1304	1998	Prevost	2PCL33496W1026663	BN00135	PA	55
1904	1989	MCI	1TUDCH8A4KR007147	BN00270	PA	47
2006	1998	Prevost	1PCL33497W1026347	BN00917	PA	55
2008	1993	MCI	1M8PDMPA3PP044991	BN00932	PA <i>DELETE</i>	59
2010	1994	MCI	1M8PDMPA6RP046284	BN00934	PA	55

