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:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
316	The Hospital for Sick Children, t/a The HSC Pediatric Center

*Street Address of Principal Place of Business: 1731 Bunker Hill Road, N.E., Washington, DC 20017-3026

Mailing Address (if different from street address):

*Telephone Number	Other Telephone	Fax Number	E-mail
(202) 635-6186		(202) 832-2153	rbarnard@hospsc.org

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

*Name	*Title
Mr. Robert R. Barnard	Transportation Manager

*Telephone Number	Other Telephone	Fax Number	E-mail
(202) 832-4400		(202) 832-2153	rbarnard@hospsc.org

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

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
1	1996	Goshen	1GBLP37EXT3312189	B39584	DC	13
2	2007	Chevrolet	1GAHG39U371173854	B40926	DC	15
3	2001	Ford	1FDWE35SXYH864906	B39288	DC	10
4	2000	Ford	1FDWE35S5YHB62867	B39287	DC	10
5	2002	GMC	1GAHG39RX21228188	B40508	DC	15

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.

Robert R. Barnard
*Name (Type or Print)

Robert R. Barnard
*Signature

Transportation Manager
*Title

January 14, 2011
*Date