

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:

534	Melwood Horticultural Training Center Inc		
*WMATC No.	*Name of Carrier (as shown on certificate of authority)		
5606 Dower House Rd. Upper Marlboro Md. 20772			
*Street Address of Principal Place of Business			
Mailing Address (if different from street address)			
301-599-4521	301-599-4556	301-599-4540	bbarney@melwood.org
*Telephone Number	Other Telephone	Fax Number	E-mail

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

Bob Barney		Phy. Plt Mgr	
*Name		*Title	
301-599-4521		301-599-4540	bbarney@melwood.org
*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

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
✓ 109	2006	Dodge	1DGP24R56b596639	43212B	MD	5
✓ 211	2001	Chrysler	1C4GJ25361B206973	46209B	MD	5
✓ 219	2002	Ford	1FBSS31L52HB66536	46271B	MD	15
✓ 220	2002	Ford	1FBSS31L42HB23953	46204B	MD	15
✓ 222	2006	Chevrolet	1GAHG39U561139798	46267B	MD	15
✓ 223	2006	Chevrolet	1GAHG39U861269414	46253B	MD	15
✓ 224	2003	GMC	1GJHG39V531168956	46260B	MD	15
✓ 228	2003	Ford	1FDWE35L63HB39454	46213	MD	15
✓ 231	2004	GMC	1GJHG39UX41118698	46262B	MD	15
✓ 235	1999	Ford	1FBSS31LXXHA28031	05023P	MD	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.

B BARNEY

 *Name (Type or Print)



 *Signature

PHY PIA Mgr.

 *Title

2/17/11

 *Date

