

# 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:

535 | Medride, Inc.

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

4906 Buchanan Street, Hyattsville, MD 20781-2434

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(301) 918-0011 | (202) 258-5571 | (202) 315-3395 | medrideinc@verizon.net

\*Telephone Number | Other Telephone | Fax Number | E-mail

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

Mr. Nwoke Dennis | President

\*Name | \*Title

(202) 258-5571 | (301) 918-0011 | (301) 918-0044 | medrideinc@verizon.net

\*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](http://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
✓	2000	FORD	1FDWE3SLOYHB42843	46803B	MD	15
✓	2000	FORD	7FBSS31LIYHB46731	48501M9	MD	15
✓	2001	FORD	1FBSS31L91HBS4565	42344M3	MD	15
✓	2002	CHRY	1GBHG39R221141039	60775M8	MD	15
✓	2002	CHRY	1GATG39R421223245	54587M2	MD	15
✓	2003	FORD	1FBSS31LX3HA00501	42887M5	MD	15
✓	2003	FORD	1FBSS31L03HA46936	42887M4	MD	15
✓	2003	FORD	1FTNS24LX3HA26286	55817M8	MD	15
✓	2006	FORD	2FMZA51696BA54047	60775M9	MD	7
✓	2007	FORD	1FBSS31L97DB29424	45140M3	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.

Nicole Dennis  
 \*Name (Type or Print)

Manager  
 \*Title

[Signature]  
 \*Signature

01/31/2011  
 \*Date

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.

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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
✓	2007	FORD	1FBSS31L37DB2943D	45140M4	MD	15
	2008	FORD	1FBSS31L98DA45413	9AB3887	MD	12

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.

Nicole Dennis  
 \*Name (Type or Print)  
Manager  
 \*Title

[Signature]  
 \*Signature  
01/31/11  
 \*Date

Name: Medride, 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
1	2000	Ford	1FBSS31L1YHB46731	48501M9	MD	15
2	2000	Ford	1FDWE35L0YHB42843	46803B	MD	15
3	2001	Ford	1FBSS31L91HB54565	42344M3	MD	15
4	2002	Chevrolet	1GBHG39R221141039	55817M7	MD	15
5	2002	Chevrolet	1GAHG39R421223245	54587M2	MD	15
6	2003	Ford	1FTNS24LX3HA26286	55817M8	MD	15
7	2003	Ford	1FBSS31L03HA46936	42887M4	MD	15
8	2003	Ford	1FBSS31LX3HA00501	42887M5	MD	15
9	2006	Ford	2FMZA51696BA54047	44186M1	MD	7
10	2007	Ford	1FBSS31L37DB20430	45140M4	MD	15
11	2007	Ford	1FBSS31L97DB29424	45140M3	MD	15

MEDRIDE, INC WMATC #535

Make	Model	Year	Vin #	# Passenger	Tag	State
1 FORD	E250	2000	1FDWE35LOYHB42843	15	46803B	MD
2 FORD	E350	2000	1FBSS31L1YHB46731	15	48501M9	MD
3 FORD	E350	2001	1FBSS31L91HB54565	15	42344M3	MD
4 CHEV	3500	2002	1GBHG39R221141039	15	60775M8	MD
5 CHEV	3500	2002	1GAHG39R421223245	15	54587M2	MD
6 FORD	E350	2003	1FBSS31LX3HA00501	15	42887M5	MD
7 FORD	E350	2003	1FBSS31LO3HA46936	15	42887M4	MD
8 FORD	E250	2003	1FTNS24LX3HA26286	15	55817M8	MD
9 FORD	E350	2006	2FMZA51696BA54047	7	60775M9	MD
10 FORD	E350	2007	1FBSS31L97DB29424	15	45140M3	MD
11 FORD	E350	2007	1FBSS31L37DB29430	15	45140M4	MD
12 FORD	E350	2008	1FBSS31L98DA45413	12	9AB3887	MD