

# 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:

596 | DBA BATMN TRAN

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

6318 Indian Run Pkwy, Alexandria, VA, 22312

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(202) 359 3244 | (703) 763-5704 BATMNTRANS@YAHOO.COM

\*Telephone Number Other Telephone Fax Number E-mail

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

NIOUSSIE MOGUS | OWNER

\*Name \*Title

(202) 359 3244 | (703) 914 5534 | BATMNTRAN@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](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.

N/A

FEB 28 2011

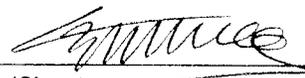
5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both 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
✓	2003	Chevrolet	1GNEC19X13B138519	H515967	VA	7
✓	2005	Ford	1FB5531S15HA23191	H517431	VA	15
✓	2000	Ford	1FB5531L84HA48893	H517409	VA	15
✓	2001	Dodge	2B3WB35261K540457	H517410	VA	15
✓	2003	Ford	1FB5531L23HA78965	H515966	VA	15
✓	2006	Ford	1FB5531L36HB23593	H517420	VA	15
✓	2005	Ford	1FB5531L35HA79187	H518022	VA	15
✓	2007	Ford	1FB5531L67DA98679	H518030	VA	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.

Migussie MOGUS  
\*Name (Type or Print)

  
\*Signature

OWNER  
\*Title

02/18/2011  
\*Date