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:

601 | Kewl, Inc., t/a Kewl Express
***WMATC No.** | ***Name of Carrier (as shown on certificate of authority)**

8302 Water Street Road, Walkersville, MD 21793-7841
***Street Address of Principal Place of Business**

P.O. Box 217, Walkersville, MD 21793-0217
Mailing Address (if different from street address)

(301) 898-8628		(301) 898-4477	dave@kewlinc.com
***Telephone Number**	**Other Telephone**	**Fax Number**	**E-mail**

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

Mr. David H. Burke | General Manager
***Name** | ***Title**

(301) 898-8628		(301) 898-4477	dave@kewlinc.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.

American Bus Ass'n
Name of Registered Agent for Service of Process

1100 New York Avenue, N.W., #105, Washington, DC 20005-3934
Street Address

(202) 842-1645			
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

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
√	1026	2006	Ford	1FBSS31F33HA37254	05899P	MD	14
√	1030	2004	Lincoln	1LNHM84W04Y623576	01582LM	MD	4
√	1035	2009	Stallion	4UZACBDT9CZ90650	009P42	MD	38
√	1036	2009	Stallion	4UZACBDT59CZ90646	003P59	MD	38
√	1037	2004	Setra	WKKA34AD843000040	016P30	MD	56
√	1038	2004	Setra	WKKA34AD843000045	016P31	MD	56
	1039	2010	Prevost	2PCH33492AC711472	003P73	MD	56
	1040	2010	Prevost	2PCH33496AC711491	015P70	MD	56

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.

Jon Burke
***Name (Type or Print)**

***Signature**

C.F.O.
***Title**

1/5/11
***Date**