

Washington Metropolitan Area Transit Commission

2012 Carrier Annual Report Form

NEW THIS YEAR:

- Annual reports can now be filed online at www.wmatc.gov. Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on 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 **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **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 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

1. CARRIER:

1345		My Own Place, Inc.		
*WMATC No. USDOT No. (if applicable) *Name of Carrier (as shown on certificate of authority)				
817 Varnum Street, N.E., #132			Washington	DC 20017-2144
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)				
		Apt./Suite	City	State Zip
(202) 580-6700		(202) 526-7572	rodejjobi@myownplaceinc.org	
*Telephone	Other Telephone	Fax	E-mail	

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

Ms. Rochelle Dixon Odojobi		Dir. of Programs and Quality		
*Name		*Title		
(202) 580-6709	(202) 386-4339	(202) 526-7572	rodejjobi@myownplaceinc.org	
*Telephone	Other Telephone	Fax	E-mail	

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

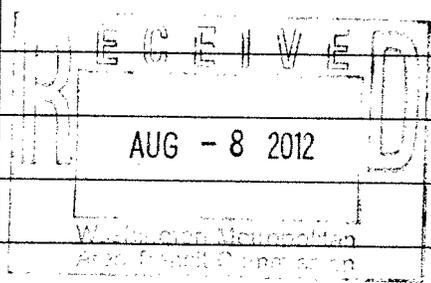
*Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Joseph G Madison		202 365 5316	jgmadison@comcast.net		
Name of Registered Agent for Service of Process		Telephone	E-mail		
5218 12th St NE			Wash	DC	20011
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State	Zip

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	*Wheelchair Lift or Ramp Yes/No
			SEE ATTACHED LISTING				



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.

Kimberly Scott-Hopkins
*Name (Type or Print)

Kimberly Scott-Hopkins
*Signature

C.E.O
*Title

August 8, 2012
*Date

Washington Metropolitan Area Transit Commission

2012 Annual Report: Revenue Vehicle List

Name: My Own Place, Inc.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

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	*Wheelchair Lift or Ramp Y/N
	2006	Ford	1FBNE31L86HA38186	B43498	DC	7	Y
	2004	Ford	2FMZA50674BA07646	45859B	MD	7	Y
	2006	Ford	2FMZA516X6BA27021	45852B	MD	7	Y
	2005	Ford	1FBNE31L65HA10577	45858B	MD	15	Y
	2005	Ford	2FMZA50625BA31774	45851B	DC	7	Y
	2006	Ford	1FBNE31L16HA05093	45853B	MD	15	Y
	2005	Ford	2FMZA50625BA39695	B43497	DC	7	Y
	2005	Ford	2FMZA50625BA35503	45860B	MD	7	Y
	2005	Ford	2FMZA50625BA22296	45850B	MD	7	Y
	2005	Ford	1FBNE31L16HA05000	B43499	DC	7	Y

