

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:

1648	American Sedan Inc.			
*WMATC No. USDOT No. (if applicable) *Name of Carrier (as shown on certificate of authority)				
10810 Norman Avenue		Fairfax	VA	22030-2932
*Street Address of Principal Place of Business Apt./Suite City State Zip				
P.O. Box 2404		Fairfax	VA	22031-0404
Mailing Address (if different from street address) Apt./Suite City State Zip				
(703) 764-4491	(703) 861-3777	(703) 764-3057	americansedan@gmail.com	
*Telephone Other Telephone Fax E-mail				

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

Mr. Mohammad S Ghannam	Account Representative			
*Name *Title				
(703) 764-4491	(703) 861-3777	(703) 764-3057	americansedan@gmail.com	
*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.

Name of Registered Agent for Service of Process			Telephone		E-mail	
Agent Address (must be inside Metropolitan District)			Apt./Suite		City	

RECEIVED

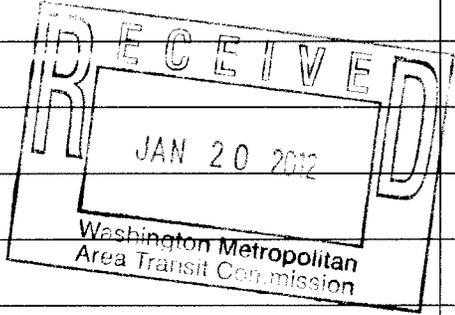
JAN 20 2012

State Zip
Washington Metropolitan
Area Transit Commission

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
7	2011	Lincoln Town Car	2LNBL8EV9BX757658	AMSDN21	VA	6	N



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.

MOHAMMAD GHANNAM

*Name (Type or Print)

Mohammad Ghannam

*Signature

CEO

*Title

1/5/2011

*Date

Washington Metropolitan Area Transit Commission

2012 Annual Report: Revenue Vehicle List

Name: American Sedan 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
1	2001	Ford	1FB8831LX1HA90715	AMSDN7	VA	15	Sold
2	2006	Lincoln	1LNHM84W16Y611312	AMSDN6	VA	5	Sold
3	2006	Lincoln	1LNHM85WX6Y609881	AMSDN3	VA	5	N
4	2007	Lincoln	1LNHM84W87Y611695	AMSEDN1	VA	5	Sold
5	2007	Chevrolet	3GNFK16397G230306	AMSEDN2	VA	6	N
6	2008	Lincoln	2LNHM85V68X636912	AMSDN10	VA	5	N
7	2010	Lincoln	2LNBL8EV2AX750260	AMSDN16	VA	5	N
8	2010	Lincoln	2LNBL8EV4AX750258	AMSDN19	VA	5	N
9	2010	Cadillac	1GYUKGEFDAR196675	AMSDN9	VA	5	N

