

# Washington Metropolitan Area Transit Commission

## 2012 Carrier Annual Report Form

### NEW THIS YEAR:

- Annual reports can now be filed online at [www.wmatc.gov](http://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:

535		Medride Inc			
<small>*WMATC No.    USDOT No. (if applicable)    *Name of Carrier (as shown on certificate of authority)</small>					
4906 Buchanan Street		Hyattsville	MD	20781	
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>Mailing Address (if different from street address)</small>					
301-918-0011	202-258-5571	202-315-3395	medrideinc@verizon.net		
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>		

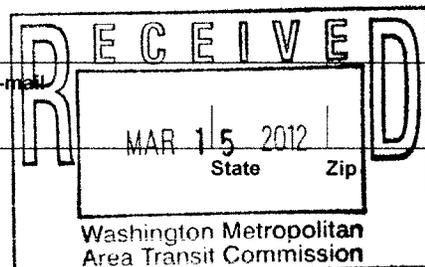
### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Nwoke Dennis	president				
<small>*Name</small>		<small>*Title</small>			
202-258-5571	301-918-0011	301-918-0044	medrideinc@verizon.net		
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>		

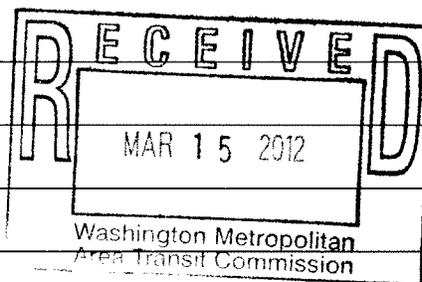
### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*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](http://www.wmatc.gov).

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



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
	2000	FORD	1FDWE35LOYHB42843	468-38B	MD	15	NO
	2001	FORD	1FBSS1L91HB54565	510-31B	MD	15	NO
	2002	FORD	1GBHG39R221141039	520-36B	MD	15	NO
	2002	FORD	1GAHG39R421223245	520-35B	MD	15	NO
	2003	FORD	1FBSS31LX3HA00501	510-38B	MD	15	NO
	2003	FORD	1FBSS31LO3HA46936	510-32B	MD	15	NO
	2003	FORD	1FTNS24LX3HA26286	520-37B	MD	15	NO
	2004	FORD	1FDSE35LO4HA18645	510-63B	MD	15	NO
	2004	DODGE	2D4GP44L44RS15989	527-59B	MD	7	NO
	2006	FORD	2FMZA51696BA54047	527-57B	MD	7	NO

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.

*Nucleo D'Amore*

\*Name (Type or Print)

*Manager*

\*Title

\*Signature

*03/15/12*

\*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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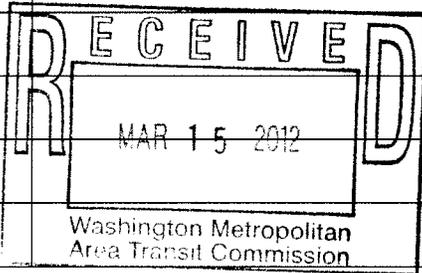
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Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	*Wheelchair Lift or Ramp Yes/No
	2007	FORD	1FBSS31L97DB29424	510-37B	MD	15	NO
	2007	FORD	1FBSS31L37DB20430	510-30B	MD	15	NO
	2008	FORD	1FBSS31L98DA45413	527-53B	MD	15	NO



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 Brown  
\*Name (Type or Print)  
Manager  
\*Title

[Signature]  
\*Signature  
03/15/12  
\*Date