**Chris Aquino**

**From:** Washington Metropolitan Area Transit Commission [administrator@wmatc.gov]
**Sent:** Friday, April 06, 2012 12:22 PM
**To:** Chris Aquino
**Subject:** 2012 Annual Report - WMATC No: 805, Carrier Name: M & M Medvan, Inc

# 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 the assessment of a civil forfeiture.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 805
**USDOT No.:**
**Name of Carrier (as shown on certificate of authority):** M & M Medvan, Inc
**Trade Name:**
**Principal Place of Business**
**Street Address:** 1 Heritage Hills Court
**City:** Brookieville
**State:** MD
**Zip:** 20833

**Mailing Address (if different from street address)**
**Street:**
**City:**
**State:**
**Zip:**

**Telephone Number:** (301)613-6536
**Other Telephone:**
**Fax Number:** (240)390-0296
**E-mail:** abraham.mbony75@comcast.net

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

**Name:** Abraham Mbony
**Title:** Vice-President/Marketing
**Telephone Number:** (301)613-0656
**Other Telephone:**
**Fax Number:** (240)390-0296
**E-mail:** abraham.mbony75@comcast.net

**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:**
**Agent Address:**
**City:**
**State:**
**Zip:**
**Telephone 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.

**5. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following two options: (1) list your vehicles below; **or** (2) upload your own complete vehicle list. Include **all** required information.

| Fleet No. | Year | Make | Vehicle VIN | License Plate | State | Seating Cap. | Wheel Chair |
|---|---|---|---|---|---|---|---|
| 1 | 2002 | Dodge Caravan | 2B4GP44352R746214 | 694M518 | MD | 3 | Yes |
| 2 | 2005 | Ford 350 | 1FBSS31S65HA17841 | 47397M1 | MD | 4 | Yes |

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

**6. *CERTIFICATION:**
I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Abraham Mbony
**Title:** Vice-President/Marketing
**Date:** 4/6/12