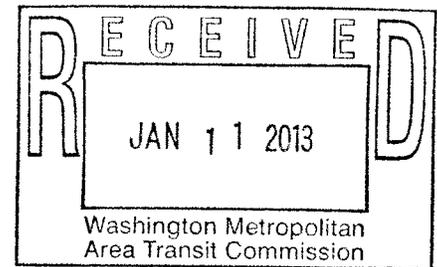


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

136 Virginia Coach Company

*WMATC No. *Name of Carrier (as shown on certificate of authority)

14570 Purcellville Road Purcellville VA 20132-3602
*Street Address of Principal Place of Business Apt./Suite City State Zip

P.O. Box 883 Purcellville VA 20134-0883
Mailing Address (if different from street address) Apt./Suite City State Zip

(703) 471-6422 (540) 668-9006 debbie@virginiacoach.com

*Telephone Other Telephone Fax E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

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

Ms. Debra K. Owings Corp Secretary

*Name *Title

(540) 668-6233 (540) 668-9006 debbie@virginiacoach.com

*Telephone Other Telephone Fax E-mail

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

*Complete section 4 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.

Danielle Staundt (703) 838-2929

Name of Registered Agent for Service of Process Telephone E-mail

113 S. West Street Alexandria VA 22314-2824
Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. ***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.

NONE

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete 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"				

7. ***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.

Debra K Owings

 *Name (type or print)

Debra K Owings

 *Signature

Corp Secretary

 *Title (not required for sole proprietors)

1/8/13

 *Date

**VIRGINIA COACH CO.
P.O. BOX 883
PURCELLVILLE, VA 20134**

INVENTORY LIST OF ALL EQUIPMENT OWNED AS OF JANUARY 1, 2013

<u>Company</u> <u>Vehicle No.</u>	<u>Description</u>	<u>Serial Number</u>	<u>Year</u> <u>Built</u>	<u>Seating</u> <u>Capacity</u>	<u>Leased/</u> <u>Owned</u>	<u>License</u> <u>Number</u>	<u>State</u> <u>Reg.</u>
✓ 9714	Bus,MCI-102DL	1M8PDMPA7VP049740	1997	55	Owned	E35-544	VA
✓ 9815	Bus,MCI-102DL	1M8PDMTA8WP050130	1998	57	Owned	E35-509	VA
✓ 2118	BUS,MCI DL3	1M8PDMPA41P053397	2001	55	OWNED	E35-541	VA
✓ 2119	BUS,MCI DL3	1M8PDMPA81P053399	2001	55	OWNED	E35-542	VA
✓ 2721	BUS,MCI J4500	2M93JMPA17W064207	2007	56	OWNED	E35-545	VA
✓ 2722	BUS,MCI J4500	2M93JMPA37W064208	2007	56	OWNED	E35-546	VA
✓ 2923	BUS,GCA 3035RE	4UZACSDT99CAF9565	2009	39	OWNED	E36-807	VA
✓ 2924	BUS,GCA 3035RE	4UZACSDT38CAJ9758	2009	39	OWNED	E36-806	VA