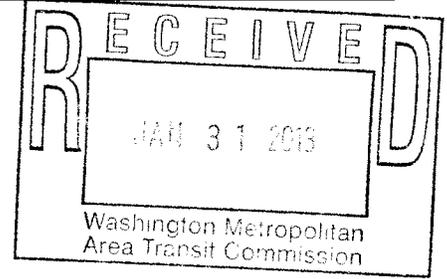


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1431	Applied Business Management Solutions, Inc (ABMSI) LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
1400 Mercantile Lane, Suite 170		Largo	MD	20774
*Street Address of Principal Place of Business		Apt./Suite	City	State
Mailing Address (if different from street address)		Apt./Suite	City	State
(301) 773-5901		(301) 773-5905	whm@abmsi.org	
*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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Tarshia McGlockton	Vice-President		
*Name		*Title	
(301) 773-5901		(301) 773-5905	tarshiamcg@abmsi.org
*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.

Tarshia Angelita McGlockton	(301) 773-5901	tarshiamcg@abmsi.org
Name of Registered Agent for Service of Process		Telephone
1400 Mercantile Lane, #170		Largo
Agent Address (must be inside Metropolitan District)		City
		MD
		20774-5335
		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.

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
	2006	Ford	1FDXE45SXLDB03800	03524P	MD	25	
	2003	Ford	1FDXE45S63HB32912	07055P	MD	25	
	2003	Ford	1FDXE45SXLDB03801	03523P	MD	25	

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.

Tarshia McGlockton

*Name (type or print)

VP, Personnel

*Title (not required for sole proprietors)

Tarshia McGlockton

*Signature

01/29/2013

*Date