Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
1594	Transcend, Inc., t/a Transcend

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
10616 Beaver Dam Road, #S4		Hunt Valley	MD	21030-2219

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
P.O. Box 232		Hunt Valley	MD	21030-0232

*Telephone	Other Telephone	Fax	E-mail
(410) 526-4949		(410) 526-4610	rodsmith@transcendservice.com

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):

*Name	*Title
Mr. Rod T. Smith	COO

*Telephone	Other Telephone	Fax	E-mail
(410) 526-4949		(410) 526-4610	rodsmith@transcendservice.com

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.

Name of Registered Agent for Service of Process	Telephone	E-mail
Carlos Martinez	(301) 853-0093	

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
3311 Toledo Terrace, #A1		Hyattsville	MD	20782-4136

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
29	2005	FORD	2FMZA50655BA77826	68631HV	MD	5	YES
31	2008	DODGE	2D8HN44H78B122675	93524HV	MD	5	YES
116	2008	HONDA	1HGCP26328A093049	43633B	MD	5	NO
117	2008	HONDA	1HGCP2638A093638	43631B	MD	5	NO
118	2008	HONDA	1HGCP26368A070258	43634B	MD	5	NO
119	2008	HONDA	1HGCP26358A090209	43636B	MD	5	NO

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.

Rod T Smith
***Name** (type or print)

***Signature**

Chief Operating Officer
***Title** (not required for sole proprietors)

1/7/13
***Date**