Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

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Washington Metropolitan Area Transit Commission

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
1752	Kolex Group, Inc.

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
6401 Zinnia Court		Glenn Dale	MD	20769-9043

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

*Telephone	Other Telephone	Fax	E-mail
(240) 476-8078	(240) 476-7897	(877) 334-1312	kolexgroup@yahoo.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
Ms. Nora Uduje	President

*Telephone	Other Telephone	Fax	E-mail
(240) 476-8078	(240) 476-7897	(877) 334-1312	kolexgroup@yahoo.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

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.

N/A

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
9	2008	FORD	1FBNE31L78DA30459	53523B	MD	12	NO
7	2005	DODGE	2D8GP44L75R296090	53522B	MD	7	NO
3	2005	FORD	1FTNS24W05HB29147	49820B	MD	5	YES
10	2006	FORD	1FTNS24W66HA98696	52023B	MD	5	YES
11	2003	MAZDA	JM3LW28A530370053	52042B	MD	7	NO
16	2007	FORD	1FTSS34L97DB21654	53194B	MD	7	YES
17	2009	FORD	1FTDS34L09DA25939	53925B	MD	5	YES
4	2006	DODGE	2D8GP44L86R879446	52948B	MD	7	NO
13	2005	CHRY	2C4GP54L55R332265	52032B	MD	7	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.

KOLAWOLE AWOYEMI
***Name** (type or print)

***Signature**

CEO
***Title** (not required for sole proprietors)

Jan. 31, 2013
***Date**