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:

1926	Corporate Car Worldwide Incorporated
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

6920 Villa Del Rey Court		Springfield	VA	22150-3063
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
5622 Columbia Pike	107	Falls Church	VA	22041
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(703) 906-3950			Info@CorporateCarworldwide.com ~~ismail.stan@gmail.com~~
*Telephone	Other Telephone	Fax	E-mail

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

2308686		860	
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):

Mr. Abdulkadir A. Ismail	Manager
*Name	*Title

(703) 906-3950			Info@CorporateCarworldwide.com ~~ismail.stan@gmail.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.

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.

no changes

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
1	2006	Lincoln	1LNHM84W36Y635465	H520096	VA	4	N/A
2	2006	Lincoln	1LNHM85VX6Y647411	H519536	VA	4	N/A
3	2011	Lincoln	2LNBL8EV5BX762808	H517788	VA	4	N/A
4.	2011	Lincoln	2LNBL8EV0BX762733	H519548	VA	4	N/A

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.

Abdulkadir Ismail

***Name** (type or print)

President

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

Abdul Ismail

***Signature**

01/07/13

***Date**