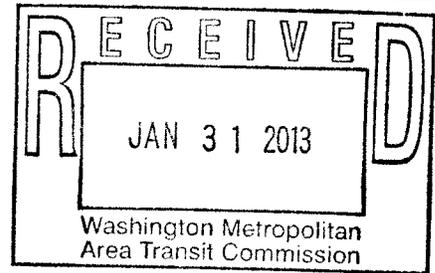


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

196 | Schrock Inc.

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

629 Main Street, #6 | | Berlin | PA | 15530-7118  
\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

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

(814) 267-3566 | | (814) 267-5818 | linda@schrocktravel.com

\*Telephone | Other Telephone | Fax | E-mail

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

301225

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. Linda Johnson | Admin. Asst.

\*Name | \*Title

(814) 267-3566 | | (814) 267-5818 | linda@schrocktravel.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](http://www.wmatc.gov).

United Motorcoach Association | (703) 838-2929 | www.uma.org

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

113 South West Street, 4th Floor | | 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.

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
✓ 2007	1998	PREVOST	2PCL33496W1026663	BNQ1687	PA	55	No
✓ 2006	1998	PREVOST	2PCL33497W1026347	BNQ1877	PA	55	No
✓ 205	2006	PREVOST	2PCX3349161028810	BNQ0760	PA	55	No
✓ 305	2007	PREVOST	2PC63349371729141	BNQ097B	PA	55	No
✓ 405	2001	PREVOST	2PCX3349311027361	BNQ1164	PA	55	YES
✓ 2010	1994	MCI	1MBPDMPA6RP046284	BNQ2358	PA	55	No
✓ 1804	1988	MCI	1MBFDM9A6WP042331	BNQ0979	PA	39	No
✓ 605	2008	MCI	1MB6PMHASBP058337	BNQ0933	PA	55	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.

LARRY R. SCHROCK

\*Name (type or print)

PRESIDENT

\*Title (not required for sole proprietors)

*Larry R. Schrock*

\*Signature

1-29-13

\*Date