

Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

223 | Maryland Coach, Incorporated

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

1306 Fairfield Drive | | Forestville | MD | 20747-1745
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

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

(301) 336-5263 | | (301) 336-4743 | mdcoach2@aol.com

*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.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Jimmie U. Gary | President

*Name | *Title

(301) 336-5263 | | (301) 336-4743 | mdcoach2@aol.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.

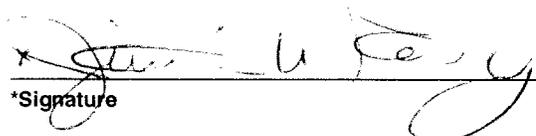
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓ 323	1991	MCI	1M8GDM9A4MP043941	607P29	MD	47	NO
✓ 324	1995	MCI	1M8PDMPA75P047000	005P66	MD	55	NO
✓ 325	1995	MCI	1M8PDMPA95P047094	005P67	MD	55	NO
✓ 326	1988	MCI	1TUFCH8A7JR006565	005P68	MD	47	NO
✓ 327	1998	MCI	1M8PDMPA4WP050734	005P69	MD	55	NO
✓ 328	2000	MCI	1M8TRMPA1YP060947	005P70	MD	56	NO
✓ 329	1999	MCI	1M8TRMPA7XP060501	014P84	MD	56	NO
330	1999	MCI	1M8TRMPADXP060856	018P66	MD	56	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.

Jimmie U. Gary
 *Name (type or print)
President
 *Title (not required for sole proprietors)


 *Signature
01-07-13
 *Date