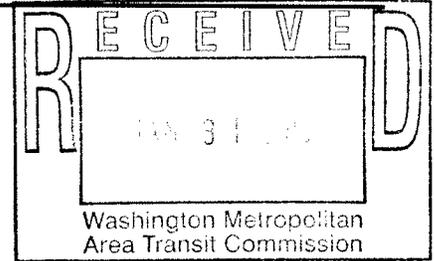


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

426 | Multi-Transportation Inc.

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

198 Halpine Rd | 1260 | Rockville | MD | 20852

***Street Address of Principal Place of Business Apt./Suite City State Zip**

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

301-770-3490 | 202-369-4840 | 301-770-3491 | multitrans2@verizon.net

***Telephone Other Telephone Fax E-mail**

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

775198

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):

Arnold L Boyd | President

***Name**

***Title**

301-770-3490 | 301-770-3491 | 301-770-3491 | multitrans2@verizon.net

***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

