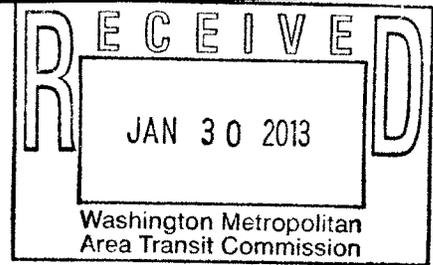


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

431 | CAPITAL EXECUTIVE LIMOUSINE INC

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

8433 EUCLID AVE | | MANASSAS | VA | 20111

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

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

703-365-0508 | 1800-490-9501 | 703-365-0507 | capital.khan@gmail.com

*Telephone | Other Telephone | Fax | E-mail

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

823760

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):

ALI KHAN | MANAGER

*Name | *Title
703-365-0508 | 202-439-6120 | 703-365-0507 | capital.khan@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.

Raj.k.bhagat | 202-293-4044 | rkbhagat@visastous.com

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

1001 Connecticut Ave N.W # 1138 | | Washington | DC | 20036-5504

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
✓ 786Q	2008	VANHOOL	YE2CC19B082046805	009P28	MD	57	NO
✓ 786R	2008	VANHOOL	YE2CC27B282047530	009P29	MD	57	YES
✓ 786S	2012	VANHOOL	YE2CC1AB6C2047817	020P43	MD	57	NO
✓ 786T	2012	VANHOOL	YE2CC1ABXC2047819	020P44	MD	57	NO
✓ 786V	2013	VANHOOL	YE2CC1AB2D2047959	022P63	MD	57	NO
✓ 786W	2013	VANHOOL	YE2CC2AB2D2047961	022P64	MD	57	YES
✓	2000	KRYSTAL	1L1FM81W4YY883272	H501834	VA	8	NO

7. ***CERTIFICATION:**

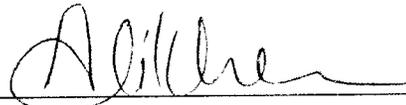
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

ALI KHAN

*Name (type or print)

MANAGER

*Title (not required for sole proprietors)



*Signature

1/28/13

*Date