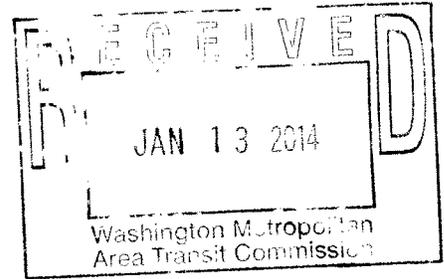


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1304 Behavioral Research Associates, Inc.

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

4288 1/2 Southern Avenue, S.E. Washington DC 20019-5630

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

P.O. Box 442110 Fort Washington MD 20749

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

(202) 575-3840 (202) 575-0126 behaviorresearch@verizon.net

*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. Andrew M. Gordon Executive Director

*Name *Title

(301) 203-1942 (301) 203-4552 behaviorresearch@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.

ANNE H HOUSE 202-365-8218
 Name of Registered Agent for Service of Process Telephone E-mail

2617 DOUGLAS PL SE 203 WASHINGTON DC 20020
 Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

