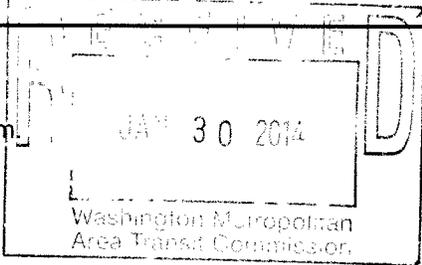


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1340	Gary Alan Baker, t/a Landmark Limousine & Sedan Service			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
11707 Talley Ct		Oakton	VA	22124-1251
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. Box 100026		Arlington	VA	22210-3026
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
703-716-7660		703-716-0631	Gbaker4325@aol.com	
*Telephone	Other Telephone	Fax	E-mail	

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

		T25000950/393	
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. Gary Alan Baker		Sole Proprietor	
*Name		*Title	
703-716-7660		703-716-0631	Gbaker4325@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.

Charles H. Burke IV		202-306-2474	charles.h.burke@gmail.com	
Name of Registered Agent for Service of Process		Telephone	E-mail	
5467 Truxion Ct		Burke	VA	22015
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. If you have more than 10 vehicles in your fleet, you must use option 2. 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
			SEE ATTACHED				

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.

Gary A. Baker

 *Name (type or print)



 *Signature

Owner

 *Title (not required for sole proprietors)

1/21/2014

 *Date

2014 Vehicle List

Landmark Limousine

Year	Make	VIN	Plate	State	Capacity
2013	GMC Van	1GJZ71FG1D1130276 ✓	H510502	VA	12
2010	Cadillac Escalade	1GYUKGEF8AR277827 ✓	121HAA	VA	6
2013	Hyundai Equus	KMHGH4JHXDU059747 ✓	LNDMRK5	VA	4
2011	Cadillac DTS	1G6KH5E63BU135340 ✓	250HAB	VA	4
2011	Cadillac DTS	1G6KH569BU113407 ✓	120HAA	VA	4
2010	Mercedes S550	WDDNG8GB3AA329039 ✓	981HAA	VA	4
2013	Lincoln Navigator	5LMJJ3J56DEL08224	214HAD	VA	6
2010	Cadillac DTS	1G6KD5EY6AU112890 ✓	275HAC	VA	4
2012	Hyundai Equus	KMHGH4JH5CU056365 ✓	252HAB	VA	5
2012	Linc Navigator L	5LMJJ3J52CEL04573 ✓	419HAB	VA	6

