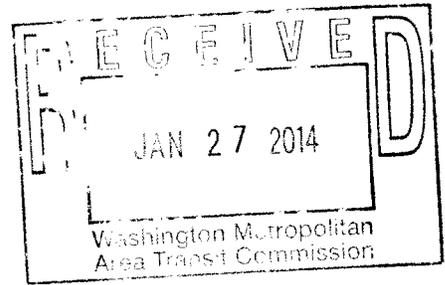


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1561 Titan Limousine, LLC

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

46794 Graham Cove Square	Apt./Suite	Sterling	VA	20165-7536
*Street Address of Principal Place of Business		City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(703) 430-9333	(877) 728-4826	(877) 808-4826	ashah@titanlimousine.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.
		T25024929	

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

Mr. Ankur A. Shah	President
*Name	*Title
(703) 314-0365	(703) 433-1212
*Telephone	Other Telephone
	(877) 808-4826
	Fax
	ashah@titanlimousine.com
	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.

Apurva Shah	(703) 303-8026	shah.sahib@hotmail.com
Name of Registered Agent for Service of Process	Telephone	E-mail
4850 10th Street South		Arlington
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
		VA
		22204-3287
		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
	2009	Lincoln	2LNHM81W39X607452	TITAN00	VA	5	No
	2007	Lincoln	1LNHMS1W47Y606448	TITAN01	VA	5	No
	2012	Chevrolet	1GNSKJE72CR299643	TITAN10	VA	8	No
	2014	Toyota	4T1BD1E80E021536	TITAN23	VA	5	No

7. ***CERTIFICATION:**

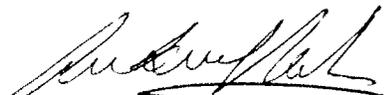
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Ankur Shah

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

1-17-2014

*Date