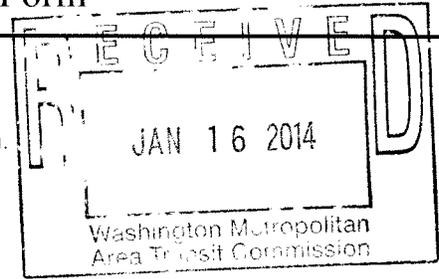


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

1632	CEEPCO Contracting, LLC			
<b>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</b>				
12501 Prosperity Drive	235	Silver Spring	MD	20904
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (if different from street address)</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
301-931-1600	301-931-1601	hcharles@ceepco.com		
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Harold Charles		President/CEO		
<b>*Name</b>		<b>*Title</b>		
301-931-1600		301-931-1601	hcharles@ceepco.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

**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](http://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

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.

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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
✓ 2019	2009 Ford	E450	1FDXE45P39DA22816	B45099	DC	20	yes
✓ N/A	2011 Chevrolet	Malibu	IG1ZA5EU7BF357570	G12-0298L	DC	5	no
✓ N/A	2011 Chevrolet	G3500	1GAZG1FG7B1165255	G43-1598K	DC	15	no
✓ N/A	2012 Chevrolet	Volt	1G1RC6E42CU119459	G13-1037M	DC	4	no
✓ N/A	2012 Chevrolet	Volt	1G1RC6E4XCU118785	G13-1008M	DC	4	no
N/A	2012 Dodge	Grand	2C4RDGBG6CR378347	G41-5078M	DC	7	no
2811	2013 International	Chassis	5WEXWSKK4DH333250	B48034	DC	28	yes
2810	2013 International	Chassis	5WEXWSKK6DH333248	B46420	DC	28	yes

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.

Ebony Jackson

\*Name (type or print)

Office Manager

\*Title (not required for sole proprietors)

\*Signature

\*Date

  
1/15/2014