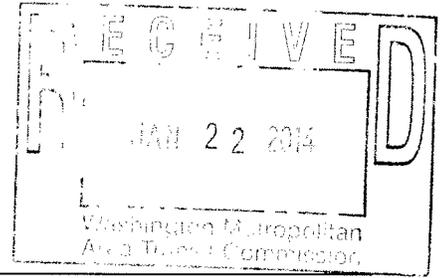


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1648 | American Sedan Inc.

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

10810 Norman Avenue | | Fairfax | VA | 22030-2932

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

P.O. Box 2404 | | Fairfax | VA | 22031-~~0404~~²⁴⁰⁴

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

(703) 764-4491 | (703) 861-3777 | (703) 764-3057 | info@americansedandc.com

*Telephone | Other Telephone | Fax | E-mail

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

2006262 | | T25005938 | |

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. Mohammad S Ghannam | Account Representative

*Name | *Title

(703) 764-4491 | (703) 861-3777 | (703) 764-3057 | info@americansedandc.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.

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.

None

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
1	09-Suburban	Chevrolet	1GNFK26389R300192	AMSDN32	VA	6	NO
✓ 2	13-Suburban	Chevrolet	1GNSKJE79DR227095	AMSDN24	VA	7	NO
✓ 3	10-Yukon	GMC	1GUKMEF1AR139958	117HAD	VA	7	NO
✓ 4	05-TC	LINCOLN	1LNHM82W45Y609961	H22757	VA	6	NO
✓ 5	10-TC	LINCOLN	2LNBL8EV4AX750258	H519787	VA	6	NO
✓ 6	11-TC	LINCOLN	2LNBL8EVOB766023	AMSDN29	VA	6	NO
✓ 7	11-TC	LINCOLN	2LNBL8EV9BX757658	AMSDN21	VA	6	NO
✓ 8	11-TC	LINCOLN	2LNBL8EV9BX766022	AMSDN25	VA	6	NO
✓ 9	11-TC	LINCOLN	2LNBL8EV5BX765367	AMSDN17	VA	6	NO
✓ 10	11-TC	LINCOLN	2LNBL8EVXBX765378	AMSDN18	VA	6	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.

MOHAMMAD GHANNAM

*Name (type or print)

CEO

*Title (not required for sole proprietors)


*Signature

01/04/2014

*Date