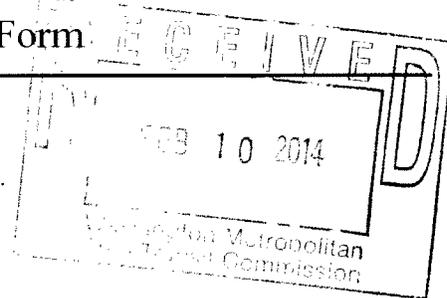


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

1664 | Z VIP SEDAN & LIMOUSINE SERVICES, INC. TIA Z LIMO

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

6267 FRANCONIA R | 200 | ALEXANDRIA | VA | 22310-2583

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

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

202-298-7778 | 703-822-0088 | 202-298-7774 | info@Z-Limo.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.

| | 822 | 4048

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

FAISAL ABBASI | CEO

\*Name | \*Title

703-822-9187 | 703-822-0088 | 202-7774 | FRED@Z-Limo.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](http://www.wmatc.gov).

HAMAYUN Ashfaq KHAN | 443-517-6651 | Zchanco@gmail.com

Name of Registered Agent for Service of Process | Telephone | E-mail

8611 UNDERMINE COURT | | Bowie | MD | 20720

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

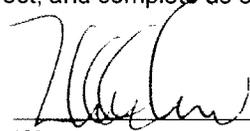
6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2007	LINCOLN	1LNHM84W574620662 ✓	H521717	VA	4	NO
	2007	LINCOLN	1LNHM84W474628076 <sup>N</sup>	H523482	VA	4	NO
	2011	LINCOLN	2LNBL8EVXB4755885 ✓	H520083	VA	4	NO
	2007	LINCOLN	1LNHM84W674619480 ✓	H521721	VA	4	NO
	2011	CHEVROLET	1GNSKJE74DR234391 ✓	478HAD	VA	6	NO
	2009	GM	1GKFK13539R109504 ✓	54659B	MD	6	NO
	2007	LINCOLN	1LNHM84W374628078	H523488	MD	4	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.

ZAHBER A CHANO  
 \_\_\_\_\_  
 \*Name (type or print)

  
 \_\_\_\_\_  
 \*Signature

Vice President  
 \_\_\_\_\_  
 \*Title (not required for sole proprietors)

2/5/14  
 \_\_\_\_\_  
 \*Date