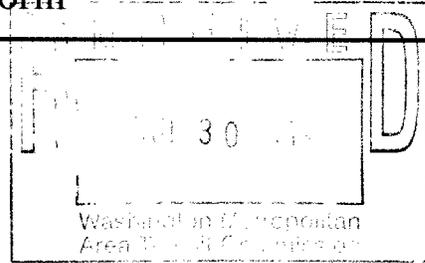


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

1752 | Kolex Group, Inc.

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

6401 Zinnia Court | | Glenn Dale | MD | 20769-9043  
 \*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip  
 (240) 476-8078 | (240) 476-7897 | (877) 334-1312 | kolexgroup@yahoo.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.

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

Ms. Nora Uduje | President  
 \*Name | \*Title  
 (240) 476-8078 | (240) 476-7897 | (877) 334-1312 | kolexgroup@yahoo.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).

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.

N/A

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
3	2005	FORD	1FTNS24W05HB29147 ✓	49820B	MD	5	YES
10	2006	FORD	1FTNS24W66HA98696 ✓	52023B	MD	5	YES
9	2008	FORD	1FBNE31L78DA30459 ✓	53523B	MD	12	NO
7	2005	DODGE	2D8GP44L75R296090 ✓	53522B	MD	7	NO
12	2006	TOYOTA	5TDZA23C06S489561 ✓	52729B	MD	7	NO
15	2007	FORD	1FTSS34L27DA50717 ✓	53525B	MD	9	YES
02	2004	TOYOTA	5TDZA23C34S117855 ✓	53524B	MD	7	NO
17	2009	FORD	1FTDS34L09DA25939 ✓	53925B	MD	5	YES
20	2005	TOYOTA	5TDZA23C75S86004 ✓	56507B	MD	7	NO
21	2006	TOYOTA	5TDZA23C06S465177	56691B	MD	7	NO

7. **\*CERTIFICATION:**

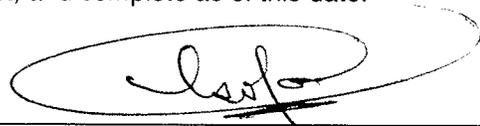
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

KOLAWOLE AWOYEMI

\*Name (type or print)

CEO

\*Title (not required for sole proprietors)



\*Signature

Jan 30, 2014

\*Date