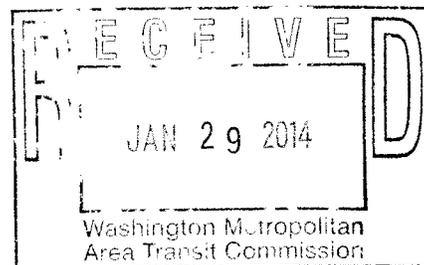


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1896 | East Coast Wheelchair Service, LLC

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

9505 Harford Road	Apt./Suite	Baltimore	MD	21234-3112
*Street Address of Principal Place of Business		City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(410) 663-2012		(410) 663-2015		mrosellini@eastcoastambulance.com

*Telephone	Other Telephone	Fax	E-mail
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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):

Mr. Michael Joseph Rosellini	Member
*Name	*Title

(410) 663-2012	Other Telephone	(410) 663-2015	mrosellini@eastcoastambulance.com
*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.

James D'Orta	(202) 955-0000
Name of Registered Agent for Service of Process	Telephone E-mail

1717 Pennsylvania Avenue, N.W., #475	Apt./Suite	Washington	DC	20006-4684
Agent Address (must be inside Metropolitan District)		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
WC19	2007	Chev	1G1BDV13137D156313	91247N	MD	5	yes
WC20	2010	Ford	1FTNE2EWXADA08942	52136B	MD	4	yes
WC22	2007	Chev	1G1BDV13107D156047	52135B	MD	5	yes
WC23	2006	Chev	1G1BDV13L56D157A64	911634H	MD	5	yes
WC26	2013	Ford	1FTNE2EW7DDA02195	24398H	MD	4	yes
WC27	2013	Ford	1FTNE2EW3DDA02193	24397H	MD	4	yes
WC28	2014	Ford	1FTNE1EW3EDA04604	24404H	MD	4	yes
WC29	2014	Ford	1FTNE1EW6EDA14582	24403H	MD	4	yes
WC30	2012	Dodge	2C4RDGCGXCR310230	33579H	MD	5	yes
WC31	2013	Dodge	2C4RDGCG2DR544329	33512H	MD	5	yes

7. ***CERTIFICATION:**

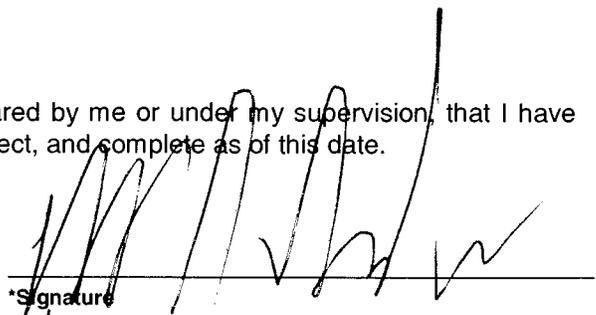
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

MICHAEL J. ROSELLINI

*Name (type or print)

AUTHORIZED MEMBER / CEO

*Title (not required for sole proprietors)



*Signature

1/27/14

*Date