Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Tuesday, January 14, 2014 2:23 PM
To: Chris Aquino
Subject: 2014 Annual Report - WMATC No: 2148, Carrier Name: IBI Bus Associates Inc.

Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2014, must file a complete 2014 annual report and pay a $150 annual fee on or before **January 31, 2014.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **$150 late fee**. Each carrier that fails to pay the $150 annual fee on time will be assessed a separate **$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2014.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:
WMATC No.: 2148
Name of Carrier (as shown on certificate of authority): IBI Bus Associates Inc.
Trade Name:
Principal Place of Business
Street Address: 5005 Sentinel Drive,
Apt./Suite: 33
City: Bethesda
State: MD
Zip: 20816

Mailing Address (if different from street address)
Street: POBox:459, 61-06 Harvard Ave.
Apt./Suite:
City: Glen Echo
State: MD
Zip: 20812

Telephone Number: (301)610-0602
Other Telephone:
Fax Number:
E-mail: ibiusa@hotmail.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):
USDOT No.: 2200382
DCTC No.:
Virginia DMV passenger carrier No.:
Maryland PSC No.: Maryland

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):
Name: Mr. Ocean Sun
Title: Director
Telephone Number: (301)610-0602
Other Telephone: 3016100602
Fax Number:
E-mail: ibiusa@hotmail.com

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:
Agent Address:
Apt./Suite:
City:
State:
Zip:
Telephone Number:
E-mail:

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.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
665	2012	Mercedes	WDZPE8CC3C5677989	03547P	MD	15	No
667	2010	Mercedes	WDZPE8CD5A5498004	10391P	MD	15	No
668	2011	Mercedes	WDZPE8CC9B5534138	10393P	MD	15	No
669	2011	Mercedes	WDZPE8CC5B5586771	10392P	MD	15	No
					MD	Little Neck	

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

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

Name: Ocean Sun
Title: Director
Date: 1/14, 2014