



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
101	07	Vahhool	YE2CC17B972047291	015-P24	MD	57	NO
102	05	Vanhool	YE2CC17B152047105	019-P58	MD	57	NO
103	07	Intl	1HVBTAAN37H426304	↑ 020-P29	MD	35	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.

CHAUDREY N KAMAL  
\*Name (type or print)

[Signature]  
\*Signature

PRESIDENT  
\*Title (not required for sole proprietors)

3/31/2014  
\*Date