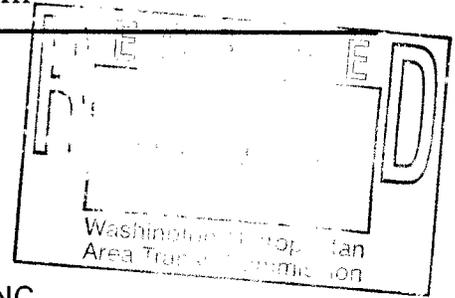


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

333	COMMUNITY MULTI-SERVICES, INC. T/A CMS INC.			
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
8401 COLESVILLE RD	510	SILVER SPRING	MD	20910
<small>*Street Address of Principal Place of Business Apt./Suite City State Zip</small>				
<small>Mailing Address (if different from street address)</small>				
301-588-9280		301-588-9287	hreese@cmsdc.us	
<small>*Telephone Other Telephone Fax E-mail</small>				

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. HOLLIS E. REESE	EXECUTIVE DIRECTOR		
<small>*Name *Title</small>			
301-588-9280		3015889287	hreese@cmsdc.us
<small>*Telephone Other Telephone Fax E-mail</small>			

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	Telephone	E-mail		
<small>Agent Address (must be inside Metropolitan District)</small>				
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.

Office Address Change
8901 Colesville Rd Suite 510
Silver Spring, Md 20901

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
✓ 1. 333	2012	Dodge	2C4RDGBG7CR130978	B-46123	DC	7	N
✓ 2. 333	2012	Dodge	2C4RDGBG9CR114071	B-46121	DC	7	N
✓ 3. 333	2012	Dodge	2C4RDGBG9CR130979	B-46122	DC	7	N
✓ 4. 333	2013	Ford	1FTNE2EWXDDA84651	B-45122	DC	10	N
✓ 5. 333	2013	Ford	1FTNE2EW3DDA72082	B-45131	DC	10	N
✓ 6. 333	2013	Ford	1FTNE2EW5DDA72083	B-45132	DC	10	N
✓ 7. 333	2013	Ford	1FTNE2EW8DDA84650	B-45121	DC	10	N
✓ 8. 333	2013	Toyota	5TDZK3DC8DS354827	B-45133	DC	7	N
✓ 9. 333	2013	Toyota	5TDZK3DC6DS353403	B-45134	DC	7	N
✓ 10. 333	2013	Toyota	5TDZK3DC9DS318788	B-45136	DC	7	N
11. 333	2013	Toyota	5TDZK3DC3DS370014	B-45135	DC	7	N
✓ 12. 333	2007	Honda	5FNRL384X713106474	98078HV	MD	7	Y

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.

Hollis E. Reese
 *Name (type or print)

Executive Director
 *Title (not required for sole proprietors)

Hollis E. Reese
 *Signature

1/7/14
 *Date