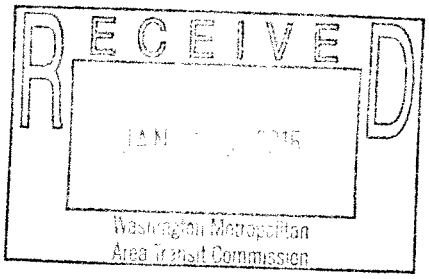
Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
1561	Titan Limousine, LLC

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
46794 Graham Cove Square		Sterling	VA	20165-7536

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

*Telephone	Other Telephone	Fax	E-mail
(703) 430-9333	(877) 728-4826	(877) 808-4826	ashah@titanlimousine.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
		T25024929	

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

*Name	*Title
Mr. Ankur A. Shah	President

*Telephone	Other Telephone	Fax	E-mail
(703) 314-0365	(703) 433-1212	(877) 808-4826	ashah@titanlimousine.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	Telephone	E-mail
Apurva Shah	(703) 303-8026	shah.sahib@hotmail.com

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
4850 10th Street South		Arlington	VA	22204-3287

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
	2012	Chevrolet Suburban	1GNSKJE72CR299603	TITAN 10	VA	8	No
	2014	Toyota Avalon	4T1BD1EB0EU021536	TITAN23	VA	5	No
	2013	Lincoln MKS	1LNHL9EK9DG610674	H525354	VA	5	No
	2009	Lincoln Town Car	2LNHM84V39X607452	TITAN00	VA	6	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.

Ankur Shah
***Name** (type or print)

***Signature**

President
***Title** (not required for sole proprietors)

1-13-15
***Date**