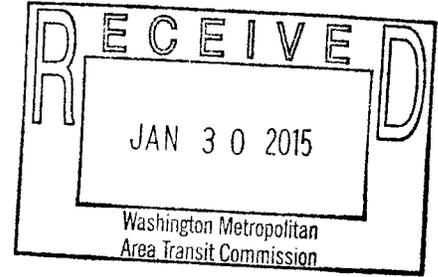


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

2107 | Cuozzo Services LLC

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

7311 Grove Road, #X | | Frederick | MD | 21704-3300

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

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

(301) 698-2650 | | (301) 695-6443 | info@atouchofclasslimousines.com

\*Telephone | Other Telephone | Fax | E-mail

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

1931865

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No. 4668

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

Ms. Jennifer M. Cuozzo

President

\*Name

\*Title

(240) 409-5706

(301) 695-6443 | info@atouchofclasslimousines.com

\*Telephone | Other 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](http://www.wmatc.gov).

Incorp Services, Inc.

Name of Registered Agent for Service of Process

Telephone

E-mail

1090 Vermont Avenue, N.W., #910

Washington

DC

20005-4593

Agent Address (must be inside Metropolitan District)

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.

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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.

*see attached*

| Fleet No.<br>If applicable | *Model<br>Year | *Make | *Vehicle VIN<br>(17 digits) | *License Plate<br>Number | *State<br>Registered | *Seating<br>Capacity | Wheelchair<br>Lift or<br>Ramp<br>Yes/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.

Jennifer Crozzo  
 \*Name (type or print)

President  
 \*Title (not required for sole proprietors)

*J Crozzo*  
 \*Signature

1/27/2015  
 \*Date

Sheet4

WMATC 2107

| CAR NAME | Year | Make/Model        | VIN #              | License Plate | State | Seats? |
|----------|------|-------------------|--------------------|---------------|-------|--------|
| RAVEN    | 2004 | FORD EXCURSION    | 1FMNU41S14EA29769  | 088 65P       | MD    | 24     |
| ALLSTAR  | 2012 | FORD E450         | 1FDFE4FS8CDA21733  | 083 63P       | MD    | 25     |
| KRYSTAL  | 2013 | FORD E450         | 1FDFE4FS0DDA02952  | 083 64P       | MD    | 24     |
| SHUTTLE  | 1999 | INTERNATIONAL BUS | 1HVBBAAAN3XH698726 | 083 56P       | MD    | 40     |
| VORTEX   | 1995 | INTERNATIONAL BUS | 1HVBBABPXSH668888  | 083 50P       | MD    | 30     |
| COACH    | 1997 | BLUE BIRD BUS     | 1BAGKB7A4VF078461  | 083 60P       | MD    | 45     |