

Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JUL 6 2015

1. CARRIER INFORMATION:

22031 Baz Corporation trading as East Coast Limousine Service

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

438 N Frederick Ave | 201 | Gaithersburg | MD | 20877

*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

301-527-0413 | 202-449-8348 | ec.limousine@gmail.com

*Telephone

Other Telephone

Fax

E-mail

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

177185

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

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

Susan Allen | General Manager

*Name office

cell

*Title 202

301-527-0413 | 301-525-5750 | 449-8348 | ec.limousine@gmail.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.

Name of Registered Agent for Service of Process

Telephone

E-mail

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.

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
	2005	Ford	4S 1F1NU4DS95ED25686	03318LM	MD	15	NO
	2005	Chevy	1GBE5V127516823	019P49	MD	34	NO
	2008	Chevy	1GBSV1987F424877	014P85	MD	30	NO
	2005	Linc	4S 1LNHM84W75Y636066	54541B	MD	4	NO
	2007	Cad	1TK 3GYFK62897G115867	08965P	MD	14	NO
	2003	Ford	1FDAE55F23H300117	022P34	MD	28	NO
	2005	Linc	4S 1LNHM85W65Y624070	57318B	MD	4	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.

Susan Allen

 *Name (type or print)

Susan Allen

 *Signature

General Manager

 *Title (not required for sole proprietors)

6/30/15

 *Date