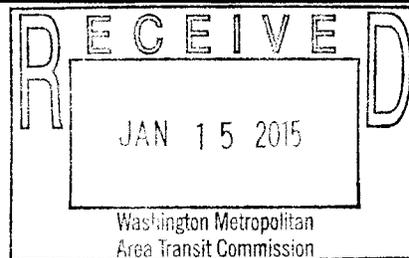


Washington Metropolitan Area Transit Commission

2015 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.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
8401 Colesville Road, #510			Silver Spring	MD	20910-6358
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)					
(301) 588-9280		(301) 588-9287	Hreese@cmsdc.us		
*Telephone	Other Telephone	Fax	E-mail		

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	
*Name		*Title	
(301) 588-9280		(301) 588-9287	Hreese@cmsdc.us
*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.

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

7. ***CERTIFICATION:**

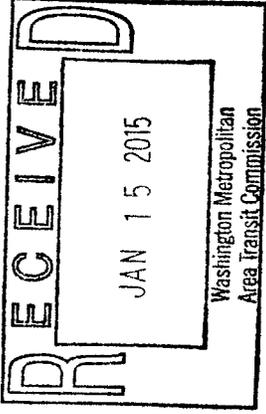
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Hollis E. Reese
 *Name (type or print)

Executive Director
 *Title (not required for sole proprietors)

Hollis E. Reese
 *Signature

1/7/15
 *Date



Carrier Name: Community Multi-Services, Inc

Case Number: 333

WMATC VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheelchair Lift or Ramp (Y/N)
333	2012	Dodge	2C4RD0B67CR130978	B-46123	D.C.	7	N
"	2012	Dodge	2C4RD0B69CR114071	B-46121	D.C.	7	N
"	2012	Dodge	2C4RD0B69CR130979	B-46122	D.C.	7	N
"	2013	Ford	1FTNE2EWXDDA84651	B-45122	D.C.	10	N
333	2013	Ford	1FTNE2EW3DDA72082	B-45131	D.C.	10	N
"	2013	Ford	1FTNE2EW5DDA72083	B-45132	D.C.	10	N
"	2013	Ford	1FTNE2EW8DDA84650	B-45121	D.C.	10	N
"	2013	Toyota	5TDZK3DC8D5354827	B-45133	D.C.	7	N
333	2013	Toyota	5TDZK3DC6D5353423	B-45134	D.C.	7	N
"	2013	Toyota	5TDZK3DC9D5318788	B-45136	D.C.	7	N
"	2013	Toyota	5TDZK3DC3D5370014	B-45135	D.C.	7	N
"	2007	Honda	5FNRL384X7B106474	98078HV	MD	7	Y
11	2014	Ford	1FTNE2EW9E9A97554	B-49078	D.C.	7	Y