

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 13 2016

1. CARRIER INFORMATION:

1128	McCloud Limousine, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
712 Haack Place			Upper Marlboro	MD	20774-2164
*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) 350-6010	(240) 375-0853	(301) 324-9653	mic524@juno.com		
*Telephone	Other Telephone	Fax	E-mail		

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

2334146			3783
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):

Mr. Miguel McCloud		CEO		
*Name		*Title		
(301) 350-6010	(240) 375-0853	(301) 324-9653	mic524@juno.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
1	1999	Lincoln	1LNHM81W5X47659319	0118514	Md	5	NO
	2011	Lincoln	2L1FL8JW6BX758722	0378617	Md	8	NO
	2012	Ford	1FDGF5GY7CE879758	021P71	Md	26	NO
	2015	Ford	1FDGF5GY2FEA42764	027P93	Md	26	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.

Miguel McCloak

 *Name (type or print)

CEO

 *Title (not required for sole proprietors)

Miguel McCloak

 *Signature

1-13-16

 *Date

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

Agent Address Apt./Suite

City

State Zip

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Telephone Number Email

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6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below **or** (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

No.	Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State Registered*	Seating Capacity*	Wheel-Chair
1	1	1999	Linc Town Car	1LNHM81W5XY659319	01185LM	Maryland	5	No
2	2	2011	Linc Town Car	2L1FL8JW6BX758722	03786LM	Maryland	8	No
3	3	2012	Ford Limo Bus	1FDGF5GY7CE87958	021P71	Maryland	26	No
4	4	2015	Ford Limo Bus	1FDGF5GY2FEA42764	027P93	Maryland	26	No
5								
6								