

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 20 2016

**1. CARRIER INFORMATION:**

179   XABERIA TOURS, INC.				
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
555 ELLISON COURT		FREDERICK	MD	21703
<small>*Street Address of Principal Place of Business</small>	<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
301 601 9040				
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small> xtours@vzw.blackberry.net	

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

<small>USDOT No.</small>	<small>DCTC No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

DWIGHT WESTON		PRESIDENT	
<small>*Name</small>	<small>*Title</small>		
301 601 9040			
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>

**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

DWIGHT WESTON		301 601 9040	xtours@vzw.blackberry.net	
<small>Name of Registered Agent for Service of Process</small>		<small>Telephone</small>	<small>E-mail</small>	
23520 POCOHANTAS DRIVE		LAYTONSVILLE	MD	20882
<small>Agent Address (must be inside Metropolitan District)</small>	<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

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.

NO CHANGES HAVE OCCURED

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
	2002	CHEVROLET	1GAGG39R2H84590	GAY 2187	MD	15	NO
	2002	FORD	15B3531L52HA80062	719 H 248	MD	15	NO

7. **\*CERTIFICATION:**

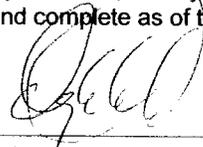
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

DWIGHT WESTON

\*Name (type or print)

PRESIDENT

\*Title (not required for sole proprietors)



\*Signature

JAN 16 - 16

\*Date