

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Wednesday, January 27, 2016 3:31 PM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2016 Annual Report - WMATC No: 18, Carrier Name: Executive Transportation Service, Inc.  
**Attachments:** 56a9291730aed-2016 ETS WMATC.xlsx

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### Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 18

**Name of Carrier (as shown on certificate of authority):** Executive Transportation Service, Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 1515 Half Street, S.W.

**Apt./Suite:**

**City:** Washington

**State:** DC

**Zip:** 20024-3412

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (202)554-1000

**Other Telephone:** (202)554-1008

**Fax Number:** (202)863-0775

**E-mail:** [carol@admirallimo.com](mailto:carol@admirallimo.com)

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

**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):

**Name:** Carol Tomlinson

**Title:** Corporate Controller

**Telephone Number:** (202)554-1000

**Other Telephone:** (202)554-1008

**Fax Number:** (202)863-0775

**E-mail:** [carol@admirallimo.com](mailto:carol@admirallimo.com)

**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).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**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.

None

**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.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>
		See	Attachment				

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

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

**Name:** Carol Tomlinson  
**Title:** Corporate Controller  
**Date:** 1/27/2016

Fleet No.:	Year:	Make:	Vehicle VIN:	License Plate:	State:	Seating Cap:	Wheel Chair:
#1	2014	Sprinter	WDZPE8DC2E5918586	C77068	DC	10	No
#2	2014	Tesla	5YJSA1H15EFP52827	2406700T	DC	4	No
#4	2011	Lincoln	2LNBL8EV9BX753190	H517834	VA	5	No
#5	2014	Cadillac Esc	1GYS4HEF6ER214044	ET 3783	DC	6	No
#7	2008	Cadillac	1GYFK66808R238968	DF2346	DC	6	No
#8	2008	Cadillac	1GYFK66868R236576	DE3659	DC	6	No
#9	2008	Lincoln	2LNHM84W58X642128	H516046	VA	5	No
#10	2007	Lincoln	1LNHM84W27Y634860	H516121	VA	5	No
#12	2000	Lincoln	1L1FM81W7YY809120	BT4783	DC	6	No
#13	2007	Lincoln	1L1FM88W17Y621102	H513891	VA	8	No
#14	2007	Ford	1FBSS31L47DA48878	H513889	VA	11	No
#15	2006	Ford	1FBSS31L46HA94251	H516176	VA	11	No
#16	2011	Lincoln	2LNBL8EV4BX758637	H517973	VA	5	No
#17	2011	Lincoln	2LNBL8EV4BX758636	H517974	VA	5	No
#18	2011	Lincoln	2LNBL8EV2BX753189	H517835	VA	5	No
#19	2007	Lincoln	1LNHM84WX7Y634864	H516122	VA	5	No
#20	2015	Mercedes-Benz	WDDUG8FB4FA098155	ER7068	DC	5	No

1/27/2016