

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, January 28, 2016 11:29 AM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 2486, Carrier Name: MBI Logistics LLC

Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

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.: 2486

Name of Carrier (as shown on certificate of authority): MBI Logistics LLC

Trade Name:

Principal Place of Business

Street Address: 7200 Wisconsin Avenue

Apt./Suite: 702

City: Bethesda

State: MD

Zip: 20814

Mailing Address (if different from street address)

Street:

Apt./Suite:

City:

State:

Zip:

Telephone Number: (301)986-1595
Other Telephone:
Fax Number: (301)986-1464
E-mail: kandoh@mbicfs.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: Kwabena Andoh
Title: Principal
Telephone Number: (240)535-1594
Other Telephone:
Fax Number: (301)986-1464
E-mail: kandoh@mbicfs.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.

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.

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.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2015	Dodge Grand Caravan	2C4RDGBG8FR569711	58937B	MD	7	No
	2015	DODGE VAN	2C4RDGBGXFR635241	58936B	MD	7	No
	2011	FORD VAN	1FBSS3BL1BDA11259	58616B	MD	14	No
	2011	FORD VAN	1FBNE3BL7BDA85094	57630B	MD	12	No
	2011	FORD TK	1FBSS3BL6BDB21742	58726B	MD	12	No
	2015	DODGE VAN	2C4RDGBG6FR642252	59421B	MD	7	No
	2015	DODGE VAN	2C4RDGBG8FR642253	59422B	MD	7	No
	2014	FORD VAN	1FTNE1EW3EDA98385	59420B	MD	10	Yes
	2014	FORD VAN	1FTNS2EW1EDB19443	59418B	MD	10	Yes
	2014	FORD VAN	AFTNE1EW9EDA98388	59419B	MD	12	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

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: Kwabena Andoh

Title: Principal

Date: 01/28/2016