

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 19 2016

1. CARRIER INFORMATION:

2512	Bethesda Shuttle LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
11936 Andrew Court		Silver Spring	MD	20902-1151
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(855) 536-5744	202-590-7516			steve@bethesdashuttle.com
*Telephone	Other Telephone	Fax	E-mail	

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

			5145
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. Stephen Christopher Cosimano		Owner/President	
*Name		*Title	
(240) 672-5502	202-590-7516		steve@bethesdashuttle.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.

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	2003	FORD	1FDWE35F03HB51724	09632P	MD	12+Driver	N
2	2003	Honda	5FNRL18653B154562	60073B	MD	6-7	N

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.

STEPHEN COSIMANO
 *Name (type or print)

Stephen Cosimano
 *Signature

OWNER
 *Title (not required for sole proprietors)

1-8-2016
 *Date