Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 22 2016

1. CARRIER INFORMATION:

333	Community Multi-Services, Inc., t/a CMS Inc.
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

8401 Colesville Road, #510		Silver Spring	MD	20910-6358
*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) 588-9280		(301) 588-9287	hreese@cmsdc.us
*Telephone	Other Telephone	Fax	E-mail

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):

Mr. Hollis E. Reese	Executive Director
*Name	*Title

(301) 588-9280		(301) 588-9287	hreese@cmsdc.us
*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.

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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

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.

Hollis E. Reese
***Name** (type or print)

Hollis E. Reese
***Signature**

Executive Director
***Title** (not required for sole proprietors)

1-19-16
***Date**

Carrier Name: CMS, INC.

Case Number: 333

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WMATC VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheelchair Lift or Ramp (Y/N)
333	2013	Toyota Sienna	5TDZK3DC905318788	B45136	DC	7	N
333	2013	Toyota Sienna	5TDZK3DC3D5370014	B45135	DC	7	N
333	2013	Toyota Sienna	5TDZK3DC6D5353403	B45134	DC	7	N
333	2013	Toyota Sienna	5TDZK3DC8D5354827	B45133	DC	7	N
333	2012	Dodge Caravan	2C4RDGBG9CR114071	B46121	DC	7	N
333	2012	Dodge Caravan	2C4RDGRG7CR130978	B46123	DC	7	N
333	2012	Dodge Caravan	2C4RDGBG9CR130979	B46122	DC	7	N
333	2013	Ford Econ	1FNE2EW8DDA84650	B45121	DC	10	N
333	2013	Ford Econ	1FTNE2EW5DDA72083	B45132	DC	10	N
333	2013	Ford Econ	1FTNE2EWXDDA84651	B45122	DC	10	N
333	2014	Ford Econ	1FTNE2EW9EDA97554	B49078	DC	6	Y