

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 2016

1. CARRIER INFORMATION:

431	Capital Executive Limousine Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
8433 Euclid Avenue		Manassas	VA	20111-2375
*Street Address of Principal Place of Business		Apt./Suite	City	State
Mailing Address (if different from street address)		Apt./Suite	City	State
(703) 365-0508	(800) 490-9501	(703) 365-0507	capital.karim1@gmail.com	
*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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

M. Karim Khan	General Manager		
*Name		*Title	
(703) 365-0508	(202) 438-1681	(703) 365-0507	capital.karim1@gmail.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.

Raj K. Bhagat	(202) 293-4044	rkbhaget@visastous.com	
Name of Registered Agent for Service of Process		Telephone	E-mail
1001 Connecticut Avenue, N.W., #1138		Washington	DC
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State
			20036-5504
			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
786S	2012	VANHOOL	YE2CC1AB6C2047817	020P43	MD	57	No
786T	2012	VANHOOL	YE2CC1ABXC2047819	020P43	MD	57	No
786V	2013	VANHOOL	YE2CC1AB2D2047959	022P62	MD	57	No
786W	2013	VANHOOL	YE2CC2AB2D2047961	022P63	MD	57	Yes
LIMO	200	LINCOLN	1L1FM81W4yy883272	H501834	VA	8	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.

Faisal Khan

*Name (type or print)

President

*Title (not required for sole proprietors)

[Signature]

*Signature

1/15/2012

*Date