Washington Metropolitan Area Transit Commission

2011 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a $150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this 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 **$100 late fee**. Each carrier that fails to pay the $150 annual fee on time will be assessed a separate **$100 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 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
372	HENKA INTERNATIONAL, INC.

MAY - 3 2011

*Street Address of Principal Place of Business: 764 E. GUDE DR. ROCKVILLE, MD 20850

Mailing Address (if different from street address):

*Telephone Number	Other Telephone	Fax Number	E-mail
301-340-9692	240-832-6813	301-340-7013	henkaintl@verizon.net

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

*Name	*Title
HENRY HUANG	VICE PRESIDENT

*Telephone Number	Other Telephone	Fax Number	E-mail
240-832-6813		301-340-7013	henryhuang@verizon.net

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS
*(Complete section 3 only if the street address 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:

Street Address:

Telephone Number	Other Telephone	Fax Number	E-mail

4. ***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.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
2407	2007	FORD	1FDXE45P27DA59014	007P58	MD	24
2408	2008	FORD	1FDXE45P48DA74311	010P88	MD	24
2409	2008	FORD	1FDXE45P68DA74312	010P89	MD	24
2410	2010	FORD	1FDXE45P19DA06338	016P88	MD	24
2411	2010	FORD	1FDXE45P39DA06339	016P89	MD	24
4101	2010	GLAV	4UZACBBV77CY97970	015P64	MD	41
5603	2007	SETRA	WKKA34CD173000530	007P13	MD	56
5604	2007	SETRA	WKKA34CDX73000509	007P64	MD	56
5605	2008	SETRA	WKKA34DH783000681	009P12	MD	56
5606	2008	SETRA	WKKA34DH983000682	009P13	MD	56
5607	2009	SETRA	WKKA34DH493000803	014P34	MD	56
5608	2009	SETRA	WKKA34DH293000816	014P35	MD	56
5609	2010	SETRA	WKKA34DH6A3000905	015P65	MD	56
5610	2010	SETRA	WKKA34DH8A3000906	015P66	MD	56

6. ***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.

HENRY HUANG
*Name (Type or Print)

*Signature

VICE PRESIDENT
*Title

5/3/2011
*Date