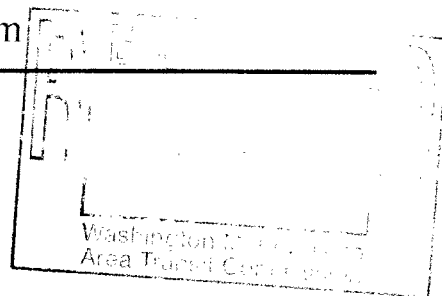


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

223	Maryland Coach, Incorporated			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
1306 Fairfield Drive	--	Forestville	MD	20747
*Street Address of Principal Place of Business Apt./Suite City State Zip				
Same				
Mailing Address (if different from street address) Apt./Suite City State Zip				
301-336-5263		301-336-4743	mdcoach2@aol.com	
*Telephone Other Telephone Fax E-mail				

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

370503			99
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):

Jimmie U. Gary	President		
*Name		*Title	
301-336-5263		301-336-4743	mdcoach2@aol.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.

No changes.

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.

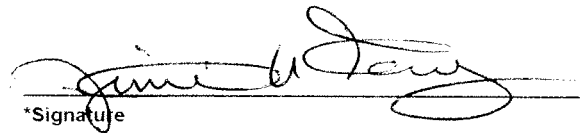
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
323	1991	102C3	1M8GDM9A4MP043941	007P29	MD	47	No
324	1995	DL-3	1M8PDMPA7SP047000	005P66	MD	55	No
325	1995	DL-3	1M8PDMPA9SP047094	005P67	MD	55	No
326	1988	102A3	1TUFCH8A7JR006565	005P68	MD	47	No
327	1998	DL-3	1M8PDMPA4WP050734	005P69	MD	55	No
328	2000	EL-3	1M8TRMPA1YP060947	005P70	MD	56	No
329	1999	EL-3	1M8TRMPA7XP060501	014P84	MD	56	No
330	1999	EL-3	1M8TRM0A0XP060856	018P66	MD	56	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.

Jimmie U. Gary

*Name (type or print)



*Signature

President

*Title (not required for sole proprietors)

01-09-14

*Date