

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, January 05, 2018 2:16 PM  
**To:** WMATC E-Filings  
**Subject:** 2018 Annual Report - WMATC No: 2118, Carrier Name: Dulles Executive Sedan Service Inc.  
**Attachments:** 5a4fced376bc7-WMATC Vehicle List.docx

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### Washington Metropolitan Area Transit Commission 2018 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2018, must file a complete 2018 annual report and pay a \$175 annual fee on or before **January 31, 2018**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that 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 **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 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 1, 2018.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 2118

**Name of Carrier (as shown on certificate of authority):** Dulles Executive Sedan Service Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 25254 Mcintyre Square

**Apt./Suite:**

**City:** Chantilly

**State:** VA

**Zip:** 20152-3967

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (703)722-2290

**Other Telephone:**

**Fax Number:**

**E-mail:** [limo.adel@gmail.com](mailto:limo.adel@gmail.com)

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

**USDOT No.:** 2365926

**DC DFHV No.:**

**Virginia DMV passenger carrier No.:** 817

**Maryland PSC No.:**

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

**Name:** Adel Danial

**Title:** Owner

**Telephone Number:** (703)722-2290

**Other Telephone:**

**Fax Number:**

**E-mail:** [limo.adel@gmail.com](mailto:limo.adel@gmail.com)

**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](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:** Akram Joseph

**Agent Address:** 5530 La Cross Court

**Apt./Suite:**

**City:** Fairfax

**State:** VA

**Zip:** 22032-4026

**Telephone Number:**

**E-mail:**

**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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
					VA		
					VA		
					VA		
					VA		
					VA		
					VA		
					VA		
					VA		
					VA		

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Adel Danial

**Title:** Owner

**Date:** 01/05/2018

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2012	Mercedes	WD3PF1CC4C5688997	DESS12	Virginia	15	
	2014	Lincoln	2LMHJ5NK4EBL51605	H523652	Virginia	5	
	2015	Chevrolet	1GNSKJKC5FR280302	DESS15	Virginia	7	
	2015	Chevrolet	1GNSKJKC1FR679482	DESS18	Virginia	7	
	2015	Mercedes	WD3PF4CC7F5986076	DESS22	Virginia	15	
	2015	Cadillac	2G61U5S37F9212862	DESS16	Virginia	5	
	2016	Mercedes	WDAFF4CCXGB18644	DESS24	Virginia	15	
	2016	Suburban	1GNSKHKC9GR303736	DESS20	Virginia	7	
	2017	Lincoln	1LN6L9UK7H5605175	DESS17	Virginia	5	
	2017	Lincoln	1LN6L9UK1H5612851	DESS26	Virginia	5	
	2017	Lincoln	1LN6L9UK8H5629937	DESS28	Virginia	5	
	2018	Cadillac	1GYS4GKJ3JR165611	DESS27	Virginia	7	