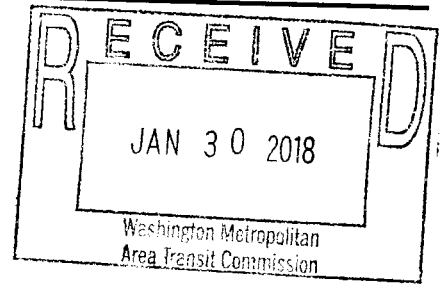


Washington Metropolitan Area Transit Commission

2018 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

431	Capital Executive Limousine Inc.				
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>					
8433 Euclid Avenue			Manassas	VA	20111-2375
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address (if different from street address)					
(703) 929-3936				capexec@hotmail.com	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>		

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

<small>USDOT No.</small>	<small>DC DFHV No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

M. Karim Khan		General Manager	
<small>*Name</small>		<small>*Title</small>	
(202) 438-1681	(202) 438-1681		capital.karim1@gmail.com
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>

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. Bhagaf		(202) 293-4044	rkbhaget@visastous.com		
<small>Name of Registered Agent for Service of Process</small>		<small>Telephone</small>	<small>E-mail</small>		
1001 Connecticut Avenue, N.W., #1138			Washington	DC	20036-5504
<small>Agent Address (must be inside Metropolitan District)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

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
786A	2017	Vanhol	YE2XC81B6H3049398	038P63	MD	56	No
786B	2017	Vanhol	YE2XC81B8H3049399	038P64	MD	56	No
786X	2017	Ford Starcraft	1FDGF5GY1GEC06877	10989P	MD	28	Yes
UB101	2008	Ford	1FD4E45L58DA05739	10006P	MD	14	No
L2	2000	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.

Shahrulha Khan
 *Name (type or print)


 *Signature

General Manager
 *Title (not required for sole proprietors)

1/14/18
 *Date