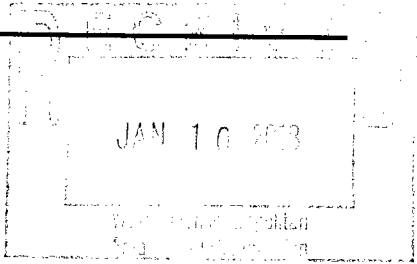


# Washington Metropolitan Area Transit Commission

## 2018 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

77	Nippon Travel of USA, Inc.			
<b>*WMATC No.</b>	<b>*Name of Carrier (as shown on certificate of authority)</b>			
10901 Roundtable Court		North Bethesda	MD	20852-4558
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(301) 896-0737		(301) 896-0451	operation@nippondc.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

USDOT No.	830619, 20, 21	Virginia DMV passenger carrier No.	5498
	DC DFHV No.		Maryland PSC No.

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

Mr. Osamu Noguchi	President
<b>*Name</b>	<b>*Title</b>
(301) 564-1187	(301) 896-0451   operation@nippondc.com
<b>*Telephone</b>	<b>Other Telephone</b> <b>Fax</b> <b>E-mail</b>

**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).

Sam Joseph	(202) 725-7230
<b>Name of Registered Agent for Service of Process</b>	<b>Telephone</b> <b>E-mail</b>
5432 Connecticut Avenue, N.W.	506   Washington D.C.   20015
<b>Agent Address (must be inside Metropolitan District)</b>	<b>Apt./Suite</b> <b>City</b> <b>State</b> <b>Zip</b>

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) 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
	2009	Lexus	JTHCL46F295001303	46336B	MD.	4.	NO.
	2011	Cadillac	1GYS4HEF8BR211013	50216B	MD.	6.	NO.
	2014	M. Benz	WDZPE7DC4E5870129	10780P	MD.	11.	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.

OSAMU NOGUCHI.  
\*Name (type or print)

President.  
\*Title (not required for sole proprietors)

Osamu Noguchi.  
\*Signature

January 8, 2018.  
\*Date