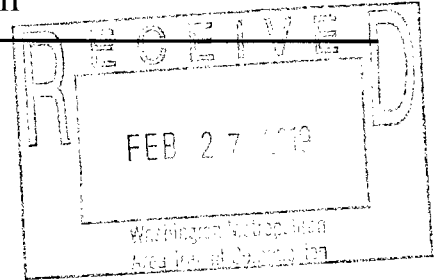


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1034	Behavioral Research Associates, Inc.			
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
900 K Street N.E.		Washington	DC	20002
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>
<small>Mailing Address (if different from street address)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>
202-398-5000		2023985002	behaviorresearch@verizon.net	
<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>

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

Andrew M Gordon		Executive Director	
<small>*Name</small>		<small>*Title</small>	
301-653-3508	301-203-1942	3012034522	behaviorresearch@verizon.net
<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.

Louvenia Williams Esq.		301322203	Corporatetitle@corporatetitle.ne	
<small>Name of Registered Agent for Service of Process</small>		<small>Telephone</small>	<small>E-mail</small>	
1034 Burns Street SE		Washington	DC	20019
<small>Agent Address (must be inside Metropolitan District)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>

WMATC NO. 1304

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.

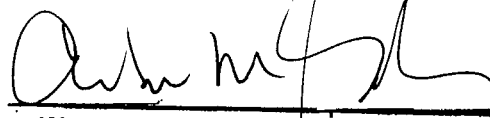
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2007	Ford	1FBSS31L67DA97712	30488B	MD	8	YES
	2008	Ford	1FBNE31L780B31727	46250B	MD	12	NO
	2006	Ford	1FBSS31L06DA04603	39592B	MD	8	YES
	2011	Ford	1FTSS3EL3BD27277	30485B	MD	12	YES
	2011	Ford	1FBSS3BL7BDB12807	30486B	MD	12	NO
	2012	Ford	1FBNEBLICDB27583	30487B	MD	12	NO
	2016	Ford	1FBZX2ZM4GKA13356	37922B	MD	12	NO
	2018	Toyota	5TDKZ3DC7JS928598	61511B	MD	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.

Andrew M Gordon
*Name (type or print)


*Signature

Executive Director
*Title (not required for sole proprietors)

2-25-19
*Date