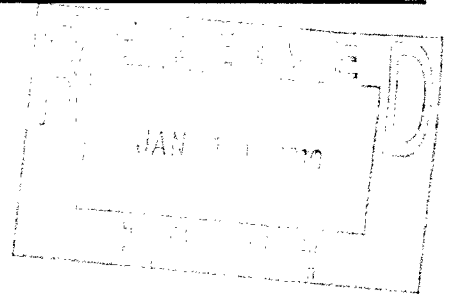


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

132 | Madison Limousine Service, Inc., t/a Madison Limo

*WMATC No. *Name of Carrier (as shown on certificate of authority)

1749 Old Meadow Road, #420 | | McLean | VA | 22101-2331

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

P.O. Box 90 | | Falls Church | VA | 22040

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(703) 534-9700 | | (703) 534-9704 | madisoncrewlimo@aol.com

*Telephone | Other Telephone | Fax | E-mail

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

886476 | | 167 | |

USDOT No. | DC DFHV No. | Virginia DMV passenger carrier No. | Maryland PSC No.

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

Mr. M. Mike Hajoun | President

*Name | *Title

(703) 534-9700 | | (703) 534-9704 | madisoncrewlimo@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.

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
			SEE ATTACHED LIST				

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.

M. MIKE HAJOUN
 *Name (type or print)

PRESIDENT
 *Title (not required for sole proprietors)


 *Signature

1/8/2019
 *Date

Washington Metropolitan Area Transit Commission

WMATC NO: 132

2019 Annual Report: Revenue Vehicle List

Name: Madison Limousine Service, Inc.

Trade Name: Madison Limo

Fleet No.	Model Year	Make	VIN No.	Plate	State Registered	Capacity
31	2013	IC HC	5WEXWSKK9DH044719	P 160094	VA	28
32	2013	IC HC	5WEXWSKK7DH044735	P 160095	VA	28
33	2008	IC HC	4DRASAAL98H517058	P 160096	VA	33
34	2014	IC HC	4DRXWSKK9EH454677	P 160097	VA	28
35	2014	IC HC	4DRXWSKK2EH454679	P 160098	VA	28
52	2018	Ford	1FDXE4FS1JDC11052	P 160793	VA	24
53	2018	Ford	1FDXE4FS3JDC11053	P 160794	VA	24
54	2018	Ford	1FDXE4FS5JDC11054	P 160795	VA	24
1	2006	Mercedes	WDBNG75J96A479449	XTH 3235	VA	4