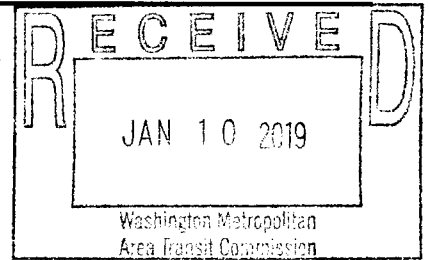


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1594	Transcend, Inc., t/a Transcend			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
10944 Beaver Dam Road, B		Hunt Valley	MD	21030-2255
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. Box 232		Hunt Valley	MD	21030-0232
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(410) 526-4949			rodsmith@transcendservice.com	
*Telephone	Other Telephone	Fax	E-mail	

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

			763
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. Rod T. Smith	COO
*Name *Title	
(410) 526-4949	rodsmith@transcendservice.com
*Telephone	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.

Jarad J. Smith	(703) 955-2282	jaradsmith@gmail.com
Name of Registered Agent for Service of Process		Telephone E-mail
9380 Quadrangle Street Apt 102 8600 Larkview Lane	102	Lorton Fairfax Station VA 22079 22039-3300
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.

NO

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
127	2012	Honda	19XFB2F52CE385642	48678B	MD	5	NO
126	2012	Honda	1HGCP2F63CA034563	58172B	MD	5	NO
129	2014	FORD	1FA6P0675E5357120	48680B	MD	5	NO
130	2014	FORD	1FA6P0675E5352564	48681B	MD	5	NO
131	2014	FORD	1FA6P0677E5374582	48679B	MD	5	NO
132	2016	FORD	3FA6P06716R170568	58169B	MD	5	NO
133	2016	FORD	3FA6P06776R184121	58170B	MD	5	NO
134	2018	FORD	3FA6P0H4D6JR251688	64158B	MD	5	NO
135	2018	FORD	3FA6P0H4D2JR238677	64159B	MD	5	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.

Bob Smith
 *Name (type or print)

COO
 *Title (not required for sole proprietors)

[Signature]
 *Signature

1/7/2019
 *Date