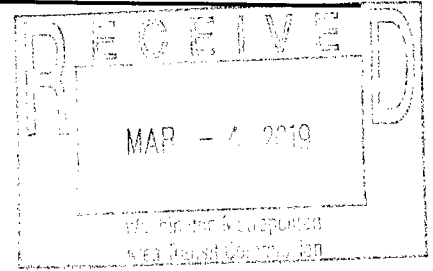


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

3202 | OAC ENTERPRISES LLC

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

415 70TH STREET | | CAPITOL HEIGHTS | MD | 20743

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

415 70TH STREET | | CAPITOL HEIGHTS | MD | 20743

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

2405055158 | 3014332990 | 2402008712 | olagunjcharles15@gmail.com

*Telephone Other Telephone Fax E-mail

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

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):

OLUWATOSIN OLAGUNJU | OPERATION MANAGER

*Name *Title
 3014332990 | 2405055158 | 2402008712 | olagunjcharles15@gmail.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.

NO CHANGES HAS 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 dligits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2012	DODGE	2C4RDGCG8CR202995	62896B	MD	6	NO
	2012	FORD	1FTDS3EL9CDA43619	3DP6323	MD	5	YES
	2011	FORD	1FTDS3EL9BDA32103	59543B	MD	5	YES

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.

OLUWATOSIN OLAGUNJU

*Name (type or print)

OPERATION MANAGER

*Title (not required for sole proprietors)



*Signature

2/28/19

*Date