

## Chris Aquino

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**From:** WMATC E-Filing <compliance@wmatc.gov>  
**Sent:** Thursday, January 09, 2020 2:29 PM  
**To:** WMATC E-Filings  
**Subject:** 2020 Annual Report - WMATC No: 1594, Carrier Name: Transcend, Inc.  
**Attachments:** 5e177ef7600f5-WMATC-2020.xlsx

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### Washington Metropolitan Area Transit Commission 2020 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2020, must file a complete 2020 annual report and pay a \$175 annual fee on or before **January 31, 2020**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2020.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 1594

**Name of Carrier (as shown on certificate of authority):** Transcend, Inc.

**Trade Name:** Transcend

#### **Principal Place of Business**

**Street Address:** 10944 Beaver Dam Road

**Apt./Suite:** B

**City:** Hunt Valley

**State:** MD

**Zip:** 21030

#### **Mailing Address (if different from street address)**

**Street:** PO Box 232

**Apt./Suite:**

**City:** Hunt Valley

**State:** MD

**Zip:** 21030

**Telephone Number:** (410)526-4949

**Other Telephone:**

**Fax Number:** (410)526-4610

**E-mail:** [rodsmith@transcendservice.com](mailto:rodsmith@transcendservice.com)

**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):

**Name:** Rod Smith

**Title:** Chief Operating Officer

**Telephone Number:** (443)589-5416

**Other Telephone:**

**Fax Number:**

**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](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:** Jarad Smith

**Agent Address:** 9380 Quadrangle Street

**Apt./Suite:** 102

**City:** Lorton

**State:** VA

**Zip:** 22079

**Telephone Number:** (703)493-9122

**E-mail:**

**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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** rod smith

**Title:** Chief Operating Officer

**Date:** 01/09/2020

CURRENT

WMATC #	FLEET #	YEAR	MAKE	VIN #	LICENSE	PLST	SEATING CAPACITY	W/C LIFT
1594	39	2017	Dodge CARAVAN	2C4RDGBG4HR619622	60293B	MD	7	Yes
1594	38	2014	TOYOTA SIENNA	TDZK3DC0ES461744	58171B	MD	8	Yes
1594	126	2012	HONDA ACCORD	1HGCP2F63CA034563	58172B	MD	5	No
1594	127	2012	HONDA CIVIC	19XF62F52CE385642	48678B	MD	5	No
1594	128	2012	HONDA CIVIC	19XF82F50CE392993	48677B	MD	5	No
1594	129	2014	FORD FUSION	1FA6P0G75E5357120	48680B	MD	5	No
1594	130	2014	FORD FUSION	1FA6P0G75E5352564	48681B	MD	5	No
1594	131	2014	FORD FUSION	1FA6P0G77E5374582	48679B	MD	5	No
1594	132	2016	FORD FUSION	3FA6P0G71GR170568	58169B	MD	5	No
1594	133	2016	FORD FUSION	3FA6P0G77GR184121	58170B	MD	5	No
1594	134	2018	FORD FUSION	3FA6P0HD6JR251688	64158B	MD	5	No
1594	135	2018	FORD FUSION	3FA6P0HD2JR238677	64159B	MD	5	No
1594	136	2019	FORD FUSION	3FA6P0G73KR102409	64165B	MD	5	No
1594	137	2019	FORD FUSION	3FA6P0G78KR128472	64166B	MD	5	No