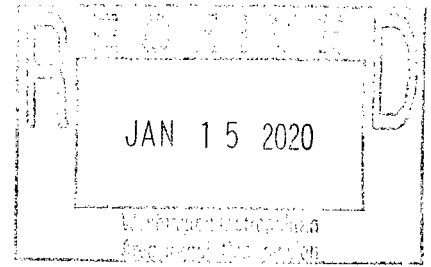


Washington Metropolitan Area Transit Commission

2020 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

468 | All Events Shuttle Service, Inc.

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

4406 Eastwood Court	Apt./Suite	Fairfax	VA	22032-1838
*Street Address of Principal Place of Business		City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(703) 273-4222	(703) 293-9599	(703) 273-8003	
*Telephone	Other Telephone	Fax	E-mail

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

883769		517	
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. Bahman Zohary	President
*Name	*Title

(703) 919-7430	(703) 293-9599	(703) 273-8003	
*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
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Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
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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
13	2013	FORD	1FDXE4FS2DDA38940	H519284	VA	24	NO
15	2013	FORD	1FDAF5GY9DEB338149	H524785	VA	24	NO
14	2013	Dodge	3C7WRMDL1DG598907	H523551	VA	27	NO
16	2016	FORD	1FDXE4FS1GDC02666	H527822	VA	24	NO
17	2017	FORD	1FDAF5GYXHEB70808	H523766	VA	31	NO
20	2020	Freightliner	1FVACWFD0LHLL6430	H524829	VA	35	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.

BAHMAN ZOHARY
 *Name (type or print)

Zohary
 *Signature

President
 *Title (not required for sole proprietors)

1-13-20
 *Date