

# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

1508 | WHOLOGISTIC SERVICES II, INC.

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

1226 LAWRENCE STREET | N.E. | WASHINGTON | DC | 20017

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

2309 VARNUM STREET | | MOUNT RAINIER | MD | 20712

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

301-392-2500 | | 3013631976 | Robert.Thomas@wholisticervices Inc. 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):**

ROBERT ARNOLD THOMAS | CORPORATE SECRETARY

\*Name \*Title

301-392-2500 | | 3013631976 | Robert.Thomas@wholisticervices Inc. 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](http://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.

Four horizontal blue shaded lines for providing change information.

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
	2017	FORD	1FBZX2CM9HKA28722	B42563	DC	8	Y

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.

ROBERT A. THOMAS

\*Name (type or print)

CORPORATE SECRETARY

\*Title (not required for sole proprietors)

Robert A. Thomas

\*Signature

1/12/2021

\*Date

Carrier Name: 1508

Case Number: \_\_\_\_\_

### WMATC VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheelchair Lift or Ramp (Y/N)
	2017	Ford	1FBZ2CM9HKA28722	B42563	DC	8	Y
	2017	Ford	1FBZ2YMXHKA49832	B45787	DC	15	N

v. 4/30/2012

