

Washington Metropolitan Area Transit Commission

2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

3090	American Executive Sedan Service Inc., t/a American Executive Transportation			
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
23571 Pebble Run Place	130	Sterling	VA	20166
<small>*Street Address of Principal Place of Business Apt./Suite City State Zip</small>				
<small>Mailing Address (if different from street address) Apt./Suite City State Zip</small>				
(703)662-7273	(202)641-8822		info@airportcoach.com	
<small>*Telephone Other Telephone Fax E-mail</small>				

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

2884509	70		
<small>USDOT No.</small>	<small>DC DFHV No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

ZULFIQAR ABBASI		PRESIDENT	
<small>*Name</small>		<small>*Title</small>	
(703)662-7273	(202)641-8822		ZULFI@AIRPORTCOACH.COM
<small>*Telephone Other Telephone Fax E-mail</small>			

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.

John A. Borsari		(703)524-5800	john@borsari.com	
<small>Name of Registered Agent for Service of Process</small>		<small>Telephone</small>	<small>E-mail</small>	
2111 Wilson Boulevard	700	Arlington	VA	22201
<small>Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip</small>				

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
1	2017	LINCOLN	1LN6L9HK0H5606355	AMCN60	VA	3	NO
2	2016	CHEVROLET	1GNSKHKC0GR175628	AMCN54	VA	6	NO
3	2018	CHEVROLET	1GNSKHKC3JR150097	AMCN62	VA	6	NO
4	2018	Cadillac	2G61M5S3XJ9126826	AMCN61	VA	3	NO
5	2018	Cadillac	2G61M5S32J9166172	AMCN66	VA	3	NO
6	2015	Cadillac	1GYS4RKJ0FR611877	AMCN63	VA	6	NO
7	2019	Mercedes	WDAPF4CD8KP115137	AMCN75	VA	13	NO
8	2019	Mercedes	WDAPF4CD9KP164458	AMCN80	VA	13	NO
9	2020	Ford	1FMJK1JT5LEA11981	AMCN70	VA	6	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.

ZULFIQAR ABBASI

*Name (type or print)

PRESIDENT

*Title (not required for sole proprietors)

Zulfiqar Abbas
*Signature

04/23/2021

*Date