

## Chris Aquino

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**From:** WMATC E-Filings  
**Sent:** Saturday, April 27, 2024 3:47 PM  
**To:** WMATC carrier filings  
**Subject:** 2024 Annual Report - WMATC No: 2911, Carrier Name: Alex Pope Incorporated  
**Attachments:** 662d56487bc73-WMATC\_Vehicle-List\_Alex Pope Inc 2024 (LSA).pdf

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### Washington Metropolitan Area Transit Commission 2024 Carrier Annual Report Form

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#### FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2024, must file a complete 2024 annual report and pay a \$175 annual fee on or before **January 31, 2024**. 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 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, 2024.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.
- Make check or money order payable to WMATC. WMATC does not accept cash.

Read the accompanying instructions carefully before completing this form.

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

**WMATC No.:** 2911

**Name of Carrier (as shown on certificate of authority):** Alex Pope Incorporated

**Trade Name:** Limousine Service Associates

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

**Street Address:** 4701 Lydell Road

**Apt./Suite:**

**City:** Hyattsville

**State:** MD

**Zip:** 20781

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

**Street:** Lydell Road 4701

**Apt./Suite:**

**City:** Hyattsville

**State:** MD  
**Zip:** 20781

**Telephone Number:** 7039282627  
**Other Telephone:**  
**Fax Number:**  
**E-mail:** alex@lsalimos.com

**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):  
**USDOT No.:** 1271535  
**DC DFHV No.:**  
**Virginia DMV passenger carrier No.:**  
**Maryland PSC No.:** 3187

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):  
**Name:** Alex Pope, III  
**Title:** President  
**Telephone Number:** 7039282627  
**Other Telephone:**  
**Fax Number:**  
**E-mail:** alex@lsalimos.com

**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:**  
**Agent Address:**  
**Apt./Suite:**  
**City:**  
**State:**  
**Zip:**  
**Telephone Number:**  
**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.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair

**\*Your vehicle list was attached to your submission.\* Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

**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:** Alex Pope, III  
**Title:** President  
**Date:** 04/27/2024

Carrier Name: ALEX POPE INCORPORATED

Case Number: 2911

### WMATC VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheelchair Lift or Ramp (Y/N)
101	2015	CADIL	2GEXG6U37F9600022	04492LM	MD	5	N
103	2020	LINCOLN	1LN6L9VK7L5603675	63739B	MD	5	N
200	2018	LINCOLN	2L1MJ5LT4JBL01045	04728LM	MD	10	N
205	2014	LINCOLN	2L1MJ5LK1EBL50071	10156P	MD	10	N
206	2014	LINCOLN	2L1MJ5LK2EBL50063	10157P	MD	10	N
300	2019	FORD	1FBVU4XM0KKA80079	11477P	MD	11	N
302	2016	MERCED	WDAPF1CD3GP183903	09647P	MD	14	N
304	2016	FORD	1FDGF5GT3GEA60390	036P28	MD	28	N
504	2019	CHEVY	1GNSKGKC7KR240512	64719B	MD	5	N