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0545468

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90187 018 ***150.00

DOCUMENT # 838467

1. Corporation Name

ALLIED CAPITAL LENDING CORPORATION

Principal Place of Business

1666 K STREET, N.W., SUITE 901
WASHINGTON DC 20006

Mailing Address

1666 K STREET, N.W., SUITE 901
WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1977

4. FEI Number

52-1081052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1919 Pennsylvania Ave., NW

Suite, Apt. #, etc.
22 Floor 3

City & State

23 Washington, DC

Zip

24 20006

Country

25

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME WALTON, WILLIAM L.
STREET ADDRESS 1666 K ST., NW 9TH FLOOR
CITY-ST-ZIP WASHINGTON, DC 0

TITLE V ☐ DELETE

NAME ANDERSON, KELLY A.
STREET ADDRESS 1666 K ST., NW 9TH FLOOR
CITY-ST-ZIP WASHINGTON DC

TITLE VT ☐ DELETE

NAME DELUCE, JON A
STREET ADDRESS 1666 K STREET NW
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Walton, William L. ☒ Change ☐ Addition

1.2 NAME 1919 Pennsylvania Ave., NW; Flr 3
1.3 STREET ADDRESS Washington, DC 20006
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Anderson, Kelly A.
2.3 STREET ADDRESS 1919 Pennsylvania Ave., NW, Flr 3
2.4 CITY-ST-ZIP Washington, DC 20006

3.1 TITLE CFO ☐ Change ☒ Addition

3.2 NAME Roll, Penni F.
3.3 STREET ADDRESS 1919 Pennsylvania Ave., NW, Flr 3
3.4 CITY-ST-ZIP Washington, DC 20006

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly A. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

(202) 973-6328

Date

Daytime Phone #

CR2E034 (1/1/98)