

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-22-1999 90082 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 838624
 1. Corporation Name
ALLIED INVESTMENT CORPORATION



Principal Place of Business Mailing Address
 1666 K STREET, N.W., SUITE 901 1666 K STREET, N.W., SUITE 901
 WASHINGTON DC 20006 WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1919 Pennsylvania Ave., NW		26 Same		06/20/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Floor 3		27		52-1081051	
City & State		City & State		Applied For	
23 Washington, DC		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 20006		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax.	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GEORGE C.	1.2 NAME	Williams, George C.
STREET ADDRESS	1666 K STREET NW 9TH FLOOR	1.3 STREET ADDRESS	1919 Pennsylvania Ave., NW 3rd Floor
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	Washington, DC 20006
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELUCA, JON A	2.2 NAME	Roll; Penni F.
STREET ADDRESS	1666 K STREET, NW, 9TH FLOOR	2.3 STREET ADDRESS	1919 Pennsylvania Ave., NW 3rd Fl
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Washington, DC 20006
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMEY, ESQ., T MURRAY	3.2 NAME	
STREET ADDRESS	4701 SANGAMORE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORETY, III J	4.2 NAME	Anderson, Kelly A.
STREET ADDRESS	2183 HALLMARK DRIVE	4.3 STREET ADDRESS	1919 Pennsylvania Ave., NW 3rd Fl
CITY-ST-ZIP	GAMBRILLS MD	4.4 CITY-ST-ZIP	Washington, DC 20006
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLIE, MICHAEL I	5.2 NAME	Long; Robert
STREET ADDRESS	300 M STREET, SW, STE. 701	5.3 STREET ADDRESS	99 Canal Center Plaza, Ste 220
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	Alexandria, VA 22314
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTOURI, WARREN K	6.2 NAME	
STREET ADDRESS	2440 VIRGINIA AVE., NW, STE. D-801	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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* Kelly A. Anderson 4/2/99 (202) 331-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)