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**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 90082 050 ***150.00

DOCUMENT # 838624

1. Corporation Name

ALLIED INVESTMENT 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

06/20/1977

4. FEI Number

52-1081051

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.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THE 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 **D** ☐ DELETE

NAME **WILLIAMS, GEORGE C.**

STREET ADDRESS **1666 K STREET NW 9TH FLOOR**

CITY-ST-ZIP **WASHINGTON DC**

TITLE **VT** ☒ DELETE

NAME **DELUCA, JON A**

STREET ADDRESS **1666 K STREET, NW, 9TH FLOOR**

CITY-ST-ZIP **WASHINGTON DC**

TITLE **D** ☐ DELETE

NAME **TOOMEY, ESQ., T MURRAY**

STREET ADDRESS **4701 SANGAMORE RD**

CITY-ST-ZIP **BETHESDA MD**

TITLE **D** ☒ DELETE

NAME **CORETY, III J**

STREET ADDRESS **2183 HALLMARK DRIVE**

CITY-ST-ZIP **GAMBRILLS MD**

TITLE **D** ☒ DELETE

NAME **GALLIE, MICHAEL I**

STREET ADDRESS **300 M STREET, SW, STE. 701**

CITY-ST-ZIP **WASHINGTON DC**

TITLE **D** ☐ DELETE

NAME **MONTOURI, WARREN K**

STREET ADDRESS **2440 VIRGINIA AVE., NW, STE. D-801**

CITY-ST-ZIP **WASHINGTON DC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Williams, George C.

**1919 Pennsylvania Ave., NW 3rd Floor
Washington, DC 20006**

CFO

Roll, Penni F.

**1919 Pennsylvania Ave., NW 3rd Fl
Washington, DC 20006**

Treasurer

Anderson, Kelly A.

**1919 Pennsylvania Ave., NW 3rd Fl
Washington, DC 20006**

Director

Long, Robert

**99 Canal Center Plaza, Ste 220
Alexandria, VA 22314**

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
Date

(202) 331-1112
Daytime Phone #

CR2E034 (11/98)