

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000057148 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : I20000000195

Phone : (850)521-1000 Fax Number : (850)558-1575

FOREIGN PROFIT QUALIFICATION

ALLIED CAPITAL REIT, INC.

Certificate of Status	
	U
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu.

Corporate Filing

Public Access Har

DIVISION OF CORPORATIONS

https://efile.sunbiz.org/scripts/efilcovr.exe

3/17/2004

HO4000057148 3

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

(Enter name of	PITAL REFT. INC. f corporation; must include "INCORPORA" "Corp," "Inc." "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	-
			_
•	nilable in Florida, enter alternate corporate m	ame adopted for the purpose of manacting business in Florida)
MARYLAND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. <u>52-2073559</u>	-
(State of comit	y under the law of which it is incorporated)	(FEI number, if applicable)	
JANUARY 3	, 1993	5. perpetual	
(Dr	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_
Affinian and T			
(Date first trans	acted business in Florida. If corporation has	s not transacted business in Florida, insert "upon qualification. 1501, 607.1502 and 817.155, F.S.)	7
ala struen	Chortal Combonation 1919 Den	nsylvania avende, nw. washington. DC 20006	•
CAC STUTED	(Principal office		-
	• • • • • • • • • • • • • • • • • • • •	27. 37.	
SAME AS AB	(Current mailing	Agenta A	
	(Cuttett: timittig	ndmess)	
HOTDING IF	Westments	4× 17 ~	•
HOLDING 13	IVESTMENTS (s) of corporation authorized in home state of	or country to be carried out in state of Florida)	• •
(Purpose	(s) of corporation authorized in home state of	or country to be carried out in state of Florida)	• · · · ·
(Purpose	 (s) of corporation authorized in home state of reet address of Florida registered agent 		•
(Purpose	(s) of corporation authorized in home state of	or country to be carried out in state of Florida)	•
(Purpose Name and str Name:	(s) of corporation authorized in home state of reet address of Florida registered agest Company	or country to be carried out in state of Florida)	•
(Purpose Name and str Name:	 (s) of corporation authorized in home state of reet address of Florida registered agent 	or country to be carried out in state of Florida)	• · · · · · · · · · · · · · · · · · · ·
(Purpose Name and str Name:	(s) of corporation authorized in home state of reet address of Florida registered agest Company	or country to be carried out in state of Florida)	•
Name and st	(s) of corporation suthorized in home state of reet address of Florida registered agest Comporation Service Company 1201 Rays Street	or country to be carried out in state of Florida) at: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	
(Purpose Name and str Name: ffice Address:	(s) of corporation suthorized in home state of reet address of Florida registered agent Corporation Service Company 1201 Rays Street Tallabasses (City)	or country to be carried out in state of Florida) at: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) Florida 32301	
(Purpose Name and str Name: ffice Address: Registered:	(s) of corporation suthorized in home state of reet address of Florida registered agest Company Company Street Tallabassae (City) agent's acceptance:	at: (P.O. Box or Mail Drop Box NOT acceptable) Florida 32301 (Zip code)	
(Purpose Name and str Name: ffice Address: Registered:	(s) of corporation suthorized in home state of reet address of Florida registered agest Comporation Service Company 1201 Rays Street Tallabassae (City) agent's acceptance: med as registered agent and to accept se	or country to be carried out to state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) Florida 32301 (Zip code) ervice of process for the above stated corporation at the	
(Purpose Name and str Name: Rec Address: Registered: rving been nar signated in thi	(s) of corporation suthorized in home state of reet address of Florida registered agent Comporation Service Company 1201 Rays Street Tallabassee (City) agent's acceptance; med as registered agent and to accept sets application, I hereby accept the appoint	or country to be carried out to state of Florida) at: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) Florida <u>32301</u> Zip code) ervice of process for the above stated corporation at the interest as registered agent and agree to act in this capa	元 , 7
(Purpose Name and str Name: ffice Address: Registered: aving been naisignated in thi	(s) of corporation suthorized in home state of reet address of Florida registered agent Comporation Service Company 1201 Rays Street Tallabassee (City) agent's acceptance; med as registered agent and to accept sets application, I hereby accept the appoint	or country to be carried out to state of Florida) at: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) Florida <u>32301</u> Zip code) ervice of process for the above stated corporation at the intenent as registered agent and agree to act in this capa es relative to the proper and complete performance of m	元 , 7
(Purpose Name and str Name: ffice Address: Registered: wing been naisignated in thi riker agree to d I am familia	(s) of corporation authorized in home state of reet address of Florida registered agent Corporation Service Company 1201 Rays Street Tallabassae (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes or with and accept the obligations of my	or country to be carried out to state of Florida) at: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) Florida <u>32301</u> Zip code) ervice of process for the above stated corporation at the intenent as registered agent and agree to act in this capa es relative to the proper and complete performance of m	强。1 Valuates 二
(Purpose Name and str Name: fice Address: Registered: wing been naisignated in thi wher agree to d I am familia	(s) of corporation authorized in home state of reet address of Florida registered agent Corporation Service Company 1201 Have Street Tallabasses (City) agent's acceptance: med as registered agent and to accept se is application. I hereby accept the appoint of all statute or with and accept the obligations of my Corporation Service Company	or country to be extried out in state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) Florida 22301 (Zip code) arvice of process for the above stated corporation at the intenent as registered agent and agree to act in this capa es relative to the proper and complete performance of my position as registered agent.	强。1 Valuates 二
(Purpose Name and str Name: ffice Address: Registered: wing been naisignated in thi riker agree to d I am familia	(s) of corporation authorized in home state of reet address of Florida registered agent Corporation Service Company 1201 Have Street Tallabasses (City) agent's acceptance: med as registered agent and to accept se is application. I hereby accept the appoint of all statute or with and accept the obligations of my Corporation Service Company	or country to be extried out in state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) Florida 22301 (Zip code) arvice of process for the above stated corporation at the intenent as registered agent and agree to act in this capa es relative to the proper and complete performance of my position as registered agent.	Thutes
(Purpose Name and str Name: Since Address: Registered: Trying been nai signated in thi rther agree to d I am familia	(s) of corporation authorized in home state of reet address of Florida registered agent Corporation Service Company 1201 Rays Street Tallabassae (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes or with and accept the obligations of my	or country to be extried out in state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) Florida 22301 (Zip code) arvice of process for the above stated corporation at the intenent as registered agent and agree to act in this capa es relative to the proper and complete performance of my position as registered agent.	强。1 Valuates 二

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman: See attached officers/directors rider		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		······································
Director:	,	
Address:		<u> </u>
B. OFFICERS		
President; WILLIAM L. WALTON		
Address: 1919 PENNSYLVANIA AVENDE, NW		
WASHINGTON, DC 20006	* * * * * * * * * * * * * * * * * * * *	-
Vice President PENNI F. ROLL, CPO		
Address: 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006		
Secretary: SUZANNE V. SPARROW		
Address: 1919 PENNSYLVANIA AVENUE, NW. WASHINGTON, DC 2	• •	
		o =
Address: 1919 FENNSYLVANIA AVENUE, NW, WASHINGTON, DC 2		SEC CISC
		R OF
NOTA: If necessary, you may attach an addendum to the application lis	ting additional officers and/or	directors: SX
13. (Signature of Prirector or Officer listed in number 12 of the state of the stat	he application)	PH REFEREN
14. SUZADNE V. SPARROW, SECRETARY		ATIO

ALLIED CAPITAL REIT, INC. BOARD OF DIRECTORS

All are located at the following address: 1919 Pennsylvania Avenue, NW Washington, DC 20006

William L. Wakon
Joan M. Sweeney
Brooks Browne
John D. Firestone
Anthony T. Garcia
Ann Torre Grant
Lawrence I. Hebert
John I. Leahy
Robert E. Long
Alex J. Pollock
Guy T. Stenart II
Laura van Roijen

DIVISION OF CORPORATIONS

STATE OF MARYLAND #04000057148 Department of Assessments and Taxation

I, PAUL, ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ALLIED CAPITAL REIT, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 16, 2004.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

R2768410