

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90329 033 ***150.00

14000968



04142005 Chg-P CR2E034 (10/03)

4. FEI Number **52-2073559** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # F04000001485

1. Entity Name
ALLIED CAPITAL REIT, INC.



Principal Place of Business
**C/O ALLIED CAPITAL CORPORATION
1919 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20006**

Mailing Address
**C/O ALLIED CAPITAL CORPORATION
1919 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20006**

Attn: **Corporate Governance**

2. Principal Place of Business
**1919 Pennsylvania Ave, NW
3rd Floor**

3. Mailing Address
Same as Principal address

City & State
Washington, DC

City & State
Washington, DC

Zip
22206

Country
USA

Zip
22206

Country
USA

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTON, WILLIAM L 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/C William L. Walton 1919 Pennsylvania Ave., NW Washington, DC 20006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLL, PENNI F 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPARROW, SUZANNE V 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, KELLY A 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, JOAN M 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Joan M. Sweeney 1919 Pennsylvania Ave., NW Washington, DC 20006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, BROOKS 1919 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **4/22/2005** (202) **331-1112**
Signature and typed or printed name of signing officer or director Daytime Phone #

ATTACHMENT

ALLIED CAPITAL REIT, INC.

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#F040000001485

DIRECTORS AND OFFICERS

NAME	POSITION
William L. Walton	Chairman, Chief Executive Officer, President and Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Joan M. Sweeney	Chief Operating Officer and Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Penni F. Roll	Chief Financial Officer 1919 Pennsylvania Avenue, NW Washington, DC 20006
Suzanne V. Sparrow	Executive Vice President, Chief Compliance Officer and Secretary 1919 Pennsylvania Avenue, NW Washington, DC 20006
Kelly A. Anderson	Executive Vice President and Treasurer 1919 Pennsylvania Avenue, NW Washington, DC 20006
Brooks H. Browne	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
John D. Firestone	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Anthony T. Garcia	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Ann Torre Grant	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Lawrence I. Hebert	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
John I. Leahy	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Robert E. Long	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Alex J. Pollock	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Marc F. Racicot	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Guy T. Steuart II	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006
Laura W. van Roijen	Director 1919 Pennsylvania Avenue, NW Washington, DC 20006