

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00990 (2)
 1. Corporation Name
ALLIED FUNDING CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1666 K STREET, N.W. 9TH FLOOR WASHINGTON DC 20006 US	Mailing Address 1666 K STREET, NW 9TH FLOOR WASHINGTON DC 20006 US
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3. Date Incorporated or Qualified 02/22/1984	
4. FEI Number 52-1278855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, WILLIAM L	1.2 NAME	
STREET ADDRESS	1666 K STREET, N.W., 9TH FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTOURI, WARREN K.	2.2 NAME	
STREET ADDRESS	2440 VIRGINIA AVE., NW, STE. D-801	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KELLY A	3.2 NAME	
STREET ADDRESS	1666 K ST NW, 9 FL	3.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	3.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, JON A	4.2 NAME	
STREET ADDRESS	1666 K STREET, NW, 9TH FLOOR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLORETY, JOSEPH A. I	5.2 NAME	
STREET ADDRESS	1666 K STREET NW	5.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLIE, MICHAEL I.	6.2 NAME	
STREET ADDRESS	1666 K STREET, NW	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.

SIGNATURE: *Kelly A. Anderson* 4/09/98 802 991-1112

CR2E034 (10/97)