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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P00990

1. Corporation Name

ALLIED FUNDING CORPORATION

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

2. Principal Place of Business

21 1919 Pennsylvania Ave., NW

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Floor 3

27

City & State

City & State

23 Washington, DC 6

28

Zip

Country

Zip

Country

24 20006

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

02/22/1984

4. FEI Number

52-1278855

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

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 DC ☐ DELETE

NAME WALTON, WILLIAM L.
STREET ADDRESS 1666 K STREET, N.W., 9TH FLOOR
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

TITLE V ☐ DELETE

NAME ANDERSON, KELLY A
STREET ADDRESS 1666 K ST NW, 9 FL
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 CLORETY, JOSEPH A. I
STREET ADDRESS 1666 K STREET NW
CITY-ST-ZIP WASHINGTON DC

TITLE D ☒ DELETE

NAME GALLIE, MICHAEL I.
STREET ADDRESS 1666 K STREET, NW
CITY-ST-ZIP WASHINGTON DC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Walton, William L.
1.3 STREET ADDRESS 1919 Pennsylvania Ave., NW 3rd Fl
1.4 CITY-ST-ZIP Washington, DC 20006

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Anderson, Kelly A.
3.3 STREET ADDRESS 1919 Pennsylvania Ave., NW 3rd Fl
3.4 CITY-ST-ZIP Washington, DC 20006

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Roll, Penni F.
4.3 STREET ADDRESS 1919 Pennsylvania Ave., NW
4.4 CITY-ST-ZIP Washington, DC 20006

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Director
5.3 STREET ADDRESS Long, Robert
5.4 CITY-ST-ZIP 99 Canal Center Plaza, Ste 220
Alexandria, VA 22314

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Director
6.3 STREET ADDRESS Steuart, Guy T.
6.4 CITY-ST-ZIP 4646 40th Street, NW, Flr 1
Washington, DC 20016

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Kelly A. Anderson 4/4/99

Date

(202) 973-6328

Daytime Phone #

CR2E034 (11/98)