


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90187 016 ***150.00

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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 *KIC (new)*



| | |
|--|--|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 1919 Pennsylvania Ave., NW Suite, Apt. #, etc. 22 Floor 3 City & State 23 Washington, DC 6 | 2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country 24 20006 25 |
|---|---|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 02/22/1984 | Applied For Not Applicable |
| 4. FEI Number 52-1278855 | |
| 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------------------|--|
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | WALTON, WILLIAM L. | |
| STREET ADDRESS | 1666 K STREET, N.W., 9TH FLOOR | |
| CITY-ST-ZIP | WASHINGTON DC | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MONTOURI, WARREN K. | |
| STREET ADDRESS | 2440 VIRGINIA AVE., NW, STE. D-801 | |
| CITY-ST-ZIP | WASHINGTON DC | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, KELLY A | |
| STREET ADDRESS | 1666 K ST NW, 9 FL | |
| CITY-ST-ZIP | WASHINGTON DC | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | DELUCA, JON A | |
| STREET ADDRESS | 1666 K STREET, NW, 9TH FLOOR | |
| CITY-ST-ZIP | WASHINGTON DC | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CLORETY, JOSEPH A. I | |
| STREET ADDRESS | 1666 K STREET NW | |
| CITY-ST-ZIP | WASHINGTON DC | |
| TITLE | D | <input checked="" type="checkbox"/> 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 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Long, Robert | |
| 5.3 STREET ADDRESS | 99 Canal Center Plaza, Ste 220 | |
| 5.4 CITY-ST-ZIP | Alexandria, VA 22314 | |
| 6.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Steuart, Guy T. | |
| 6.3 STREET ADDRESS | 4646 40th Street, NW, Flr 1 | |
| 6.4 CITY-ST-ZIP | 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* Kelly A. Anderson 4/4/99 (202) 973-6328
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)