



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

Amended

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



| | | | | |
|---|--------------|---|------------------|--------------|
| 1. Corporate ID No. 113902 | | 2. Name of Corporation Allied International Credit Corp., (US) | | |
| 3. Street Address Principal Business Office 2101 W Peoria, Suite 120 | | City Phoenix | State AZ | Zip 85029 |
| 4. Business Phone No. (602) 308-5555 | | 5. State of Incorporation Delaware | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Collection Agency | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name David A. Rae | | Vice President Name Andrew R. Rae | | |
| Street Address 2101 W Peoria, Suite 120 | | Street Address 2101 W Peoria, Suite 120 | | |
| City Phoenix | State AZ | Zip 85029 | City Phoenix | State AZ |
| Secretary Name Same as Above | | Treasurer Name David R. Gallagher | | |
| Street Address Same as Above | | Street Address Same as above | | |
| City AZ | State AZ | Zip 85029 | City AZ | State AZ |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name David R. Gallagher | | Director Name Andrew R. Rae | | |
| Street Address 2101 W Peoria, Suite 120 | | Street Address 2101 W Peoria, Suite 120 | | |
| City Phoenix | State AZ | Zip 85029 | City Phoenix | State AZ |
| Director Name David A. Rae | | Director Name | | |
| Street Address 2101 W Peoria, Suite 120 | | Street Address | | |
| City Phoenix | State AZ | Zip 85029 | City | State |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 1000 | Common | \$.001 | 100 | Common |
| | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Andrew R. Rae
Date
03-30-01
Print or Type Name of Officer
Vice President
Title of Officer