

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90035 023 ***150.00

DOCUMENT # F01000005676

1. Entity Name

AES ATLANTIS, INC.



Principal Place of Business

**1001 NORTH 19TH STREET, SUITE 2000
ARLINGTON, VA 22209**

Mailing Address

**1001 NORTH 19TH STREET, SUITE 2000
ARLINGTON, VA 22209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number

54-2044559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **NAILL, ROGER F**
STREET ADDRESS **1001 NORTH 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **D** ☒ Delete
NAME **SHARP, BARRY J**
STREET ADDRESS **1001 NORTH 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **V** ☐ Delete
NAME **SAMSON, AARON T**
STREET ADDRESS **1001 NORTH 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **VPT** ☐ Delete
NAME **FROST, JODI**
STREET ADDRESS **1001 NORTH 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **S** ☐ Delete
NAME **NGUYEN, THAM**
STREET ADDRESS **1001 NORTH 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **VP** ☐ Delete
NAME **ROMANIW, MICHAEL**
STREET ADDRESS **1001 NORTH 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **SARAH A. SLUSSER**
STREET ADDRESS **1001 N. 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **DIP** ☐ Change ☒ Addition
NAME **EDWARD C. HALL, III**
STREET ADDRESS **1001 N. 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VIT** ☒ Change ☐ Addition
NAME **JODI FROST**
STREET ADDRESS **1001 N. 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **MICHAEL ROMANIW**
STREET ADDRESS **1001 N. 19TH STREET, SUITE 2000**
CITY-ST-ZIP **ARLINGTON, VA 22209**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THAM NGUYEN
SECRETARY**

Date

Daytime Phone

2/9/04 703 522 1315

Attachment
24009317

DOCUMENT # F01000005676 (Continued)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Christopher H. Diez 1001 North 19 th Street, Suite 2000 Arlington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D David Flory 1001 North 19 th Street, Suite 2000 Arlington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Liz Mulcahy 1001 North 19 th Street, Suite 2000 Arlington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kenneth W. James 1001 North 19 th Street, Suite 2000 Arlington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Leith Mann 1001 North 19 th Street, Suite 2000 Arlington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition