

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005676

Entity Name: AES ATLANTIS, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

4300 WILSON BLVD
ARLINGTON, VA 22203

New Principal Place of Business:

Current Mailing Address:

4300 WILSON BLVD
ARLINGTON, VA 22203

New Mailing Address:

FEI Number: 54-2044559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMSON, AARON
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: VP () Delete
Name: TAYLOR, SCOTT
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: VP () Delete
Name: DIEZ, CHRISTOPHER
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: T () Delete
Name: FROST, JODI
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: S () Delete
Name: NGUYEN, THAM
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: AS () Delete
Name: MANN, LEITH
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAM NGUYEN, SECRETARY

S

01/19/2009

Electronic Signature of Signing Officer or Director

Date