FILED

03 AUG 13 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300022282833
08/13/03--01021--001 **550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005676

1. Entity Name
AES ATLANTIS, INC.

Principal Place of Business	Mailing Address
1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when continuing)

FILE NOW! FEE IS $550.00
After May 2003 Fee will be $550.00 + $1
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAILL, ROGER F 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Edward C. Hall, III 1001 North 19th Street, Suite 2000 Arlington, VA 22209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, BARRY J 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MICHAEL ROMANIW 1001 North 19th St. Ste 2000 Arlington, VA 22209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAMSON, AARON T 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY Tham Nguyen 1001 North 19th St. Ste 2000 Arlington, VA 22209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FROST, JODI 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant SECRETARY Leith Mann 1001 North 19th St. Ste 2000 Arlington, VA 22209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO PLENDL, RICHARD C 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHEARER, MAUREEN B 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Tham Nguyen Tham Nguyen, Secretary 7/31/03 703522 1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/13