

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90035 022 \*\*\*150.00

**DOCUMENT # F02000000351**



1. Entity Name  
**AES CORAL, INC.**

Principal Place of Business  
**2 ALHAMBRA PLAZA  
STE 1104  
CORAL GABLES, FL 33134**

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.

02052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**52-2343307**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HALL, EDWARD C III  
STREET ADDRESS 1001 N 19TH ST SUITE 2000  
CITY - ST - ZIP ARLINGTON, VA 22209

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

TITLE D ☒ Delete  
NAME RUGGIRELLO, JOHN R  
STREET ADDRESS 1001 N 19TH ST SUITE 2000  
CITY - ST - ZIP ARLINGTON, VA 22209

TITLE VP ☐ Delete  
NAME BARTLETT, DONALD J  
STREET ADDRESS 1001 N 19TH ST SUITE 2000  
CITY - ST - ZIP ARLINGTON, VA 22209

TITLE T ☐ Delete  
NAME HOAGLAND, WILLARD C III  
STREET ADDRESS 1001 N 19TH ST SUITE 2000  
CITY - ST - ZIP ARLINGTON, VA 22209

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

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

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

TITLE D ☐ Change ☒ Addition  
NAME DAVID FLORY  
STREET ADDRESS 1001 NORTH 19TH STREET, SUITE 2000  
CITY - ST - ZIP ARLINGTON, VA 22209

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

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

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

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

2/6/04

703 522 1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
24009318

DOCUMENT # F02000000351 (Continued)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard C. Plendl 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO Michael Romaniw 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Edward Cahill 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Aaron T. Samson 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Donald J. Bartlett 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brian Chatlosh 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Leith Mann 1001 North 19 <sup>th</sup> Street, Suite 2000 Arglington, VA 22209	<input type="checkbox"/> Change <input type="checkbox"/> Addition