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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F9400001546 (0)

AES POWER, INC.

Principal Place		Mailing Address	· · · · · · · · · · · · · · · · · · ·	•					
1001 N. 19TH ST. SUITE 2000 ARLINGTON VA 22209		1001 N. 19TH ST. Suite 2000 Arlington va 22209							
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1994 02/14/1995			1995	
2. Principal Fla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 54-1683933		-	Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required
Oity & State	· · · · · · · · · · · · · · · · · · ·	City & State		-		Election Campaign Financing     Trust Fund Contribution			.00 May Be
Ζφ	Country	Zip	Country	,		8. This corporation has liability for			
24	25   g. Name and Address of Curren		30			Florida Statutes Yes  10. Name and Address of New F	No eqistered	Apent	
			81	Γ	Name			-1 <b>9</b> 0111	
THE PRI	ENTICE-HALL CORPORATION S	YSTEM, INC.	82		Street Ad	Idress (P.O. Box Number is Not Acceptat	le)		
1201 HA	NYS ST.	•		L	Olloot Ma	iorbss (* 15. 55)			
Suite 1			83						
TALLAH	ASSEE FL 32301		84	+	City			85	Zip Code
44 Downwood b	a the requisions of Sections 607 0500	Load 607 1509 Florida Statutos	the above	L	mad sava	poration submits this statement for the pur	۲L		a sociational office
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorized	the above- by the corp	oor	ation's bo	pard of directors. I hereby accept the app	pose or cria pintment as	register	ed agent. I am
SIGNATURE _	in, and accept the obligations of coot	ion bor.0300, i ionda Statutes.							
SIGNATION	Signature, typed or printed han a of registered agent		Fingistered Agni	nl s	ignature requ	ured when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF			
TATLE	P	DELETE	1 1 TITLE				ι	Change	e 🔲 Addition
NAME	ALLEN, LARRY		1.2 NAME		i				
STEEL LADDRESS	1001 N. 19TH ST.		13 STREET		1				
COTY - ST - ZOP TOTALE	ARLINGTON VA 22209	DELETE	14 CiTY-5 2 1 TITLE	51-	ZIP -			Change	e 🗍 Addition
NAME	BAKKE, DENNIS W		2.2 NAME		1		L		C Nation
STREET ADDRESS	1001 N. 19TH ST.		23 STREET	T AT	ODBESS				
CITY-S1-Zif	ARLINGTON VA 22209		24 CITY - S						
111.8	V	DELETE	3 1 TITLE		-			Change	e Addition
NAME	HEMPHILL, ROBERT F JR		3 2 NAME		1				_
STREET ADDRESS	1001 N. 19TH ST.		33 STREE	T A	DDRESS				
CITA ST 216	ARLINGTON VA 22209		3.4 CITY - 5	ST -					
TITLE	VS	DELETE	4 1 TITLE		V	1P, sec, cfo		Change	e Addition
NAMF	SHARP, BARRY J		4 2 NAME						
STREET ADDRESS	1001 N. 19TH ST.		4 3 STREET	T A	DDRESS				
CHTY-ST-ZIP	ARLINGTON VA 22209		4.4 CITY-5	ST -	ZIP				
111.6	D DOOED W	☐ DELETE	5 1 THILE		İ		ι	Change	e 🔲 Addition
NAM	SANT, ROGER W		5.2 NAME						
STREET ADDRESS	1001 N. 19TH ST. ARLINGTON VA 22209		5.3 STREET						
CHY-ST-ZIF TITLE	D	DELETE	5.4 CITY - 5 6.1 THILE	51-	ZIP		Г	Change	e
tisMi	TRIBONE, THOMAS A		62 NAME				·		
STREET ACORESS	1001 N. 19TH ST.		63 STREET	I Al	DDRESS				
CHY-S1-ZIP	ARLINGTON VA 22209		6.4 CITY - S		- 1				
14. Edo hereb	y certify that the information supplied		hed and doe	35 [	not qualify	y for the exemption stated in Section 119			
certify that oath; that I appears in	tine information indicated on this annu- Lam an officer or director of the corpo Block 12 or Block 13 <mark>Fehang</mark> ed, or c	ual report or supplemental annual pration or the receiver or trustee of on an attachine with an addres	ii report is tri empowered ss.	ue to	execute t	rate and that my signature shall have the this report as required by Chapter 607, Fl	same legal orida Statut	enect as es; and t	s if made under that my name

SIGNATURE;

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Daytime Phone #

CR2E034 (12/95)