

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001546 (0)**

1. Corporation Name
AES POWER, INC.

Principal Place of Business
**1001 N. 19TH ST.
SUITE 2000
ARLINGTON VA 22209**

Mailing Address
**1001 N. 19TH ST.
SUITE 2000
ARLINGTON VA 22209**

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1683933	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKKE, DENNIS W		1.2 NAME	WILLIAM LURASCHI	
STREET ADDRESS	1001 N. 19TH ST.		1.3 STREET ADDRESS	1001 N. 19TH ST.	
CITY-ST-ZIP	ARLINGTON VA		1.4 CITY-ST-ZIP	ARLINGTON VA 22209	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAILL, ROGER		2.2 NAME	JAMES FARRAR	
STREET ADDRESS	1001 N 19TH ST 20TH FLOOR		2.3 STREET ADDRESS	1001 N. 19TH ST.	
CITY-ST-ZIP	ARLINGTON VA		2.4 CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	VPSC	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, BARRY J		3.2 NAME	PATRICIA ROLLIN	
STREET ADDRESS	1001 N. 19TH ST.		3.3 STREET ADDRESS	1001 N. 19TH ST	
CITY-ST-ZIP	ARLINGTON VA		3.4 CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANT, ROGER W		4.2 NAME		
STREET ADDRESS	1001 N. 19TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22209		4.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIBONE, THOMAS A		5.2 NAME		
STREET ADDRESS	1001 N 19TH ST 20TH FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANATRELLA, LOU		6.2 NAME		
STREET ADDRESS	1001 N 19TH ST 20TH FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Farrar*

7/28/98 314-849-7778

CR2E034 (5/98)