

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000139

FILED
Jan 19, 2009
Secretary of State

Entity Name: AES OCEAN EXPRESS LLC

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: 41-2038615

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

MANAGING MEMBERS/MANAGERS:

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

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

Title: V () Delete
Name: CAHILL, EDWARD
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: T () Delete
Name: HOAGLAND, WILLARD C III
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:

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

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

Title: VP (X) Change () Addition
Name: CAHILL, EDWARD
Address: 4300 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22203

Title: () Change () Addition
Name:
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THAM NGUYEN, SECRETARY

S

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date